

Coast Guard Activities Europe Life Raft Servicing Request

Name of Service Station		Contact Name	
Station Number		Contact E-mail	
Station Location		Contact Phone	

Ship Name	
Owner Name	

Make / Liferaft Manufacturer:	Size (# of Persons i.e. "25"):	Type: (Throw or Davit)	Serial No:	Date of Mfr (i.e. 8/2002)	Age (In Years)	Gas Inflation (Yes or No)	Floor Seam (Yes or No)	NapTest (Yes or No)	Davit Load (Yes or No)	Hydro Test (Yes or No)

Please return completed form to the OCMI, U.S. Coast Guard Activities Europe: Acteurwatch@uscg.mil