## Becker County Sheriff Rental Watercraft Inspection Report

Other contact person:         City         State         ZIP           Cell:         E:Mail:         Tem Inspection Date:         3rd Inspection Date:         - For Admin Use only-           th of Name on W/C         W/C         Occup.         Pass         Fail           Yes ρ         No ρ         Pass         Fail				Reg # Type of Length of W/C* W/C	Adm. Use Only 1st Inspection Date:	Phone:	Address: Street Address	Owner:	Date: Name of Company:
City State  E:Mail:  3 <sup>rd</sup> Inspection Date:  - For Admin Use only-  Occup. Pass Fai				Reg. Card or Name on W/C	2 <sup>nd</sup> Inspection Date:	Cell:		Other contac	ompany:
State  State  nspection Date:  - For Admin Use only-  Pass Fai			:		3 <sup>rd</sup>	E:Mail:	City	t person:	
				- For Admin Use  Pass	Inspection Date:				

## Life Jackets

Total Required:	
Total Counted:	
:	

3	1111111		***				<b>3</b>	
# Sav	77.0	777	Trume	Frame on 117C	777	Occup.	¥ #35	-
			Yes p	Νορ				
			Yes ρ	Noρ				
			Yes ρ	Νορ				
			Yes ρ	Νορ				
			Yes ρ	Νορ				
			Yes p	Νορ				
			Yes ρ	Noρ				
			Yes p	Νο ρ				
			Yes p	Νο ρ				
:		•	Yes p	Νορ				
			Yes ρ	Noρ				
			Yes p	Νορ				
			Yes p	Νο ρ				
			Yes p	Νορ				
*****			Yes p	Νο ρ				
			Yes p	Νο ρ				
			Yes ρ	Νο ρ				