



MEASUREMENT FORM



COMPETITOR DETAILS	
Name:	Race Number:
Address:	Class:
	Boat Name:
Post Code:	UIM Cockpit Number:
Email:	Issue Date:
Mobile:	Date Measured:
Telephone:	Measurers Name:

HULL			
CPA Number:		HIN Number:	
Builder:		Year Built:	
Designer:		Type:	
Deformable Pickles:		Material:	
Measured Length (M):		Beam (M):	
Head Clearance:	5cm	10cm	
Cockpit Depth (M):		Cockpit Strength (N/M):	
Crashbox Licence Number:		Crashbox Builder:	
Restraints:		Canopy:	
Minimum Weight (KG):		Flotation System:	
Number of Crew:		Crew Configuration:	
Directional Control System:		Drive System:	

ENGINE	
Manufacturer:	Type:
Year:	
Number of Engines:	Fuel:
Homologation Number:	

ADDITIONAL CLASS	
Class:	Race Number:
Manufacturer:	Type:
Year:	
Number of Engines:	Fuel:
Homologation Number:	

Measurer's Signature:	
Competitor's Declaration:	I agree to be bound by the rules of the UIM and CPA in respect of boat Measurement. I understand that non-compliance with any of the rules or Regulations could result in disciplinary action by the CPA.
Competitor's Signature:	Date:

A measurement certificate will be issued when this has been completed, signed and sent to the CPA

