



Striper Marina
26 Tyler Pt Rd
Barrington, RI 02806
401 245 6121 Fax 401 247 9705
Email: stripermarina@msn.com

Striper Marina Spring Commissioning Checklist

• Please fill out the form in its entirety. Check off any services you need for your boat. All accounts must be paid in full before the boat will be launched. This signed checklist will be considered authorization to perform the services desired. All launch dates will be confirmed with the boat owner before launching. Contact Striper Marina Service Department for more details. **PLEASE CALL IF YOU HAVE QUESTIONS ON SERVICES NEEDED~**

Owners Name: _____

Address: _____

Make/Model: _____

Engine Model: _____ **Email:** _____

Phone - Home #: _____ **Business #:** _____

Cell #: _____ **Slip #** _____

Requested Launch Date: _____ **Vessel Name:** _____

- | | |
|--|---|
| Remove Wrap & Recycle _____ | Summerize 2 Stroke Outboard _____ |
| Offload From Trailer for Paint / Service _____ | Clean O2 sensor (EFI and HPDI 2 strokes) _____ |
| Bottom Paint _____ | Clean 2 Stroke VST Fuel System (EFI & HPDI) _____ |
| Wash Boat _____ | Summerize 4 Stroke Outboard _____ |
| Wax Hull _____ | Clean 4 Stroke VST Fuel System _____ |
| Wax Topsides _____ | Change 4 Stroke Spark Plugs & Internal engine zincs _____ |
| Clean Eisenglass _____ | Replace Water Pump Impeller _____ |
| Rupp HardTop / Tower _____ | Recondition Prop(s) _____ |
| Install Canvas _____ | Sea Trial Boat _____ |
| Clean Cabin _____ | Power Purge Hydraulic Steering System _____ |
| Commission Fresh Water Sys. _____ | Check Systems - Boat / Engine _____ |
| Commission Head _____ | Prep Underwater Metal Surfaces for Zincs / Paint _____ |
| Commission A/C System _____ | Replace All Necessary Zincs _____ |
| Install Batteries _____ | Summer Trailer Storage _____ |
| Commission Generator _____ | Deliver Boat By Water _____ By Trailer _____ |
| Summerize Inboard / IO _____ | |
| Install Outdrive _____ | |
| Prep & Anti Foul Paint Outdrive, Transom Assembly & Trim Tabs: _____ | |

• Please list any services requested not listed above: _____

Please perform all recommended and other services checked above _____

Customer Signature: _____ **Date:** _____