LNKC PHRF Rating Request Rating Renewal or Sail/Equipment change for Certificate No.

(New Rating) (Rat	ing Renewal or Sail/l	Equipment cha	ange for Certi	ficate No)
Owners Name	Phone: Primary		Secondary		
Street Address	Email				
City, State, Zip	Club Affiliation				
Boat Name	Sail No	Hull	No		
Boat Class/Model	B	Builder	Moo	del Year	
Provide boat and sail measurements in feet	to two decimal places.	(example: 12.33	' rather than 1	2' 4")	
LOALWLBeam	Draft	Displacement	ВВ	Sallast	
Keel: FinFullDeepBulbWi	ng Shoal Ctrbo	d Swing	DropOther_		
Auxiliary Power: OB IB Sail drive	Prop: Folding Fea	thering Fix	xed Prop with 2_	or 3	blades
Rig: Masthead Fractional % Mas	t: Standard Tall	_ Short Mo	odified		
IJ	SPL	SH	BS	_ AH	
Largest jib/genoa LP LP % of J	% Two i	nasted boats only	y: P2	E2	
Roller furling drum: Installed above deck	Installed at or belo	w deck level			
Roller furling headsail with leech and foot cov	er of UV protective wov	en material: 4 –	6 oz/yd ²	>6oz/yd ² _	
Spinnaker: Symmetric Asymmetric	Both Symmetric & A	symmetric	_ None		
Symmetric spinnaker (record max girth and luf	ff of largest symmetric sp	oinnaker): G	SL		
Asymmetric spinnaker (for largest asymmetric	spinnaker): ALU	ALE	AMG	AF	
Sail with mid girth between 50% and 75% of for	oot: LuffLee	ch M	id girth	Foot	
Sail measurements were obtained: By measure	ement From	sail maker			
Please describe any hull, rig, interior and other	modifications made to t	his boat:			
I hereby certify that the above information give I understand that if I knowingly falsify information measurements should change, I will notify the above information may, upon request, be check	ation, it could result in lo Board of Handicappers (ss of my current (BOH), in writing	PHRF Certifica	te. If any o	f the above
Signed		Date			
Submit completed form to: LNKC Board of H	andicappers				

c/o Bob Davis 6916 Wannamaker Ln. Charlotte, NC 28226 704-651-5752 rdddavis@att.net