DEEP WATER DOCK
BERTH SCHEDULING REQUEST FORM

REMINDER: The following information must be provided completely to be included on the Deep Water Dock schedule. Dock scheduling requests or cancellations must be submitted by fax or email.

______________________________________________________________

NAME OF PARTY RESPONSIBLE FOR CHARGES:

Dockage Charges: ____________________________________________

Wharfage Charges: __________________________________________

Water (if required): __________________________________________

Billing Address of Responsible Party: ____________________________

______________________________________________________________

LOGISTICS: Cargo Handling must be by a Terminal User Permit (TUP) Holder. Line handling must be by a TUP Holder or the vessel crew.

Cargo Handling Firm: ________________________________________

Line Handling Firm: _________________________________________

______________________________________________________________

SCHEDULED VESSEL(S): For tug and barges, list each vessels’ length overall (LOA) separately.

Vessel Name: ________________________________________________

Flag/Country of Registry: ____________________________________

Vessel LOA: ______________ Displacement Tonnage (Or Dead Weight): ______________

______________________________________________________________

ARRIVAL & DEPARTURE DATES: Please Note – Please provide updated ETA and ETD dates/times as soon as known.

ETA Date/Time: ______________________________________________

ETD Date/Time: ______________________________________________