**BERTHING APPLICATION**

This form should be submitted to Onslow Marine Support Base Pty Ltd by email ops@omsb.com.au as early as possible to enable confirmation of berth availability.

Ship’s Agents are requested to advise ship Masters that a “48 Hour Notice of Arrival” is also required to be provided to ops@omsb.com.au to ensure the accuracy of the information required.

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| 1. **Vessel Information**
 |
| 1. Vessel Name\*:
 |
| 1. IMO:
 | 1. GRT\*:
 | 1. LOA\*:
 |
| 1. Port of Registry\*:
 | 1. BEAM:
 | 1. Bow to Bridge:
 |
| 1. **Visit Information**
 |
| 1. Ship Category\*:
 |
| 1. Reason for Visit\*:
 |
| 1. Vessel Agent\*:
 |
| 1. PO Number (if any):
 | 1. Contact Name\*:
 |
| 1. Email\*:
 | 1. Phone\*:
 |
| 1. **Arrival Details**
 |
| 1. Preferred Berth No (if any):
 |
| 1. Day\*:
 | 1. Date\*:
 | 1. Time\*:
 |
| 1. Pilot Required (circle one)\*: YES NO (Please attach confirmation of PEC)
 |
| 1. Load and/or Unload?\*:
 |
| 1. Draft (Fore/Aft)\*:
 |
| 1. **Departure Details:**
 |
| 1. Expected Time Alongside (Days where :=1day, Hours where <24 hours)\*:
 |
| 1. Pilot Required (circle one)\*: YES NO (Please attach confirmation of PEC)
 |
| 1. Draft (Fore/Aft)\*:
 |

1.

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| 1. **Cargo Information**
 |
| 1. Ancillary Service Provider (Stevedore)\*:
 |
| 1. *Load*
 |
| 1. Cargo Type(s)\*:
 |
| 1. Any Dangerous Goods?\*:
 |
| 1. *Discharge*
 |
| 1. Type(s)\*:
 |
| 1. Any Dangerous Goods?\*:
 |
| 1. **Security Information:**
 |
| 1. Last Port:
 |
| 1. Next Port:
 |
| 1. Vessel’s previous names if any:
 |
| 1. **Port Services:**
 |
| 1. Bunkering
 | 1. Gangways?
 | 1. Cranes?
 | 1. Fuel?
 | 1. Water?
 | 1. N/A
 |

**Application for Berthing and Clearance**

In consideration of you granting clearance for the above vessel to berth at the Port of Onslow, Beadon Creek, we hereby agree to comply with the terms of the standard User Terms and Conditions (**Conditions**), available at www.omsb.com.au and as may be amended from time to time, including (but not limited to) payment of all Fees in accordance with the Conditions.

Signed by the shipping agent for and on behalf of the Master / owners of the vessel:

|  |  |
| --- | --- |
| 1. Shipping Agency:
 | 1. Date:
 |
| 1. Agency Representative\*:
 | 1. Signature:
 |

1.
2. *Please note: All items marked with an asterisk (\*) must be completed in order for this application to be considered as validly submitted*