

**MANATEE COUNTY PORT AUTHORITY
REQUEST FOR BERTH
ALL FIELDS ARE REQUIRED**

Fax form to Traffic Department: 941/722-8167

VESSEL INFORMATION

Vessel Name: _____ Lloyd's No. _____
ETA: _____ Date: ____/____/____ Preferred Berth: _____
ETD: _____ Date: ____/____/____ Alternate Berth: _____
GRT: _____ LOA: _____ Beam: _____ Flag: _____
Arrival Draft: _____ Departure Draft: _____
DATE AT SEA BUOY (estimated) ____/____/____ Time: _____

CARGO INFORMATION

Type of Cargo: _____ Quantity: _____ mt st
Custom's Inspections Coast Guard Inspections
Vessel will: Load Discharge
Stevedore: _____ Terminal Operator _____
Receiving/Shipping Company: _____
Last Port: _____ Next Port: _____
Will vessel receive (check one): Stores Bunkers
Will vessel request water (check one): Yes No
Will vessel change crew (check one): Yes No

AGENT INFORMATION

Company: _____ **Contact Name:** _____

Phone (24/7 Number): (_____) _____ - _____ **Fax:):** (_____) _____ - _____

Alternate Number:): (_____) _____ - _____

BILLING INFORMATION (fill in the responsible party)

1) **Wharfage:** _____

2) **Dockage:** _____

3) **Linehandling:** _____

4) **Water:** _____

5) **Harbor Master:** _____

6) **Storage:** _____

Expected Time Period: _____

Type & Location: _____

7) **Security Fees:** _____