

PRE-ARRIVAL NOTIFICATION

Must be presented at least 24 hours prior to vessel's arrival

Vessel / Operator Particulars

1. Name of Ship: _____
2. Call Sign /LR / IMO#: _____
3. Port & Country of Registry: _____
4. Name of Master: _____
5. GRT / NRT: _____
6. Length overall: Metres: _____
7. Arrival Draft: Metres: _____
8. Departure Draft: Metres: _____
9. Company Name of Vessel Owner / Charter: _____
10. Non-Resident: YES NO
11. HST: YES NO
12. Date of Canadian Oil Response Agreement: _____

Voyage Routing

13. Last 10 Ports (starting from last port):
- | | Marsec Level I, II, III | Security Declaration | |
|-------------|-------------------------|--------------------------|--------------------------|
| | | Yes | No |
| I. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| II. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| III. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| IV. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| V. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| VI. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| VII. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| VIII. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| IX. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
| X. _____ | | <input type="checkbox"/> | <input type="checkbox"/> |
14. Next Port: _____
15. Trade: Foreign Domestic
16. Canadian Government Vessel: YES NO

Crew and Passengers

17. Number of Crew Onboard: _____
18. Number of Crew Signing-Off: _____
19. Crew List attached: YES NO
20. Number of Passengers Disembarking: _____
21. Number of Passengers in Transit: _____
22. Number of Passengers Embarking: _____
23. Description of Animals Onboard: _____
24. Canadian Vessel: Repairs Undertaken Abroad: YES NO

25. Certificates (date valid to):
 - a) Safety Construction: _____
 - b) Derat: _____
 - c) Loadline: _____
 - d) Safety Equipment: _____
 - e) Safety Radio: _____
 - f) Civil Liability (oil): _____
26. Last Port State Inspection: Date: _____
 Port: _____

27. Number of Stowaways: _____

Name of Stowaways	Nationality	Date of Birth	Civil Status
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Berthing Details

Name of Berth	Arrival Date / Time	Departure Date / Time
28. Arrival Berth: _____	_____ / _____	_____ / _____
29. Shifting to Berth: _____	_____ / _____	_____ / _____
30. 2nd shift to Berth: _____	_____ / _____	_____ / _____

Cargo Details

Loaded

Unloaded

31. Description of Cargo:	_____	_____
32. Tonnage Containerized:	_____	_____
33. Tonnage Break Bulk:	_____	_____
34. Tonnage Bulk:	_____	_____
35. Number of 20' Containers:	_____	_____
36. Number of 40' Containers:	_____	_____
37. Number of Empty Containers:	_____	_____

38. Dangerous Goods Onboard: YES NO
39. Dangerous Goods Manifest: YES NO

Other Services Required

40. Pilot: YES NO
41. Tug: YES NO
42. Linesmen: YES NO
43. Customs at Arrival: YES NO
44. Water: YES NO
45. Fuel: YES NO
46. Repairs: YES NO
47. Marine Agent: _____
48. Agency Contact Person & Phone Numbers: _____
49. Garbage to be Discharged at Port: YES NO
 Type: _____
 Quantity: _____

50. Remarks: _____

