



VESSEL MOVEMENT ADVICE

BOOKING AGENT to fill in TOP SECTION ONLY of form and forward to radio.room@tasports.com.au **72** hours prior to movement to confirm booking.

PORT OF	AGENCY NAME			AGENT NAME & CONTACT		
VESSELS NAME				IMO/LLOYDS NUMBER		
				VOYAGE NUMBER		
ETA PORT LIMITS	Time _____ hrs	Date: _____		ETD	Time _____ hrs	Date: _____
BERTH REQUIRED				LAST PORT		
SIDE TO				NEXT PORT		
CARGO				LOAD / DISCHARGE		
STEVEDORE				MAX SUMMER DRAFT mts		
Minimum Drafts must be - Forward 2% of LOA and Aft to have propeller immersed to 110%						
ARRIVAL DRAFT	FWD _____ mts	AFT _____ mts	DEPART DRAFT		FWD _____ mts	AFT _____ mts
ARRIVAL AIR DRAFT	mts			DEPART AIR DRAFT mts		
GROSS TONNAGE				VESSEL TYPE		
LOA	mts			Main engine power (BHP/Kw)		
BEAM	mts			Prop 1or2 - Type - LH / RH		
Distance: BRIDGE TO -	Bow _____ mts	Manifold _____ mts		Rudder type		
Bow thrusters operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Power -	Stern thrusters operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO Power - _____ ?/Kw)
INDICATE SERVICES REQUIRED						
Lines Crew _____ Ropes <input type="checkbox"/> Wires <input type="checkbox"/> Lines Boat _____ Draft Survey <input type="checkbox"/> Fresh Water <input type="checkbox"/> Other (Please Type) _____ _____				 DANGEROUS GOODS DECLARATION (Is this vessel handling dangerous goods while in port?) YES <input type="checkbox"/> NO <input type="checkbox"/> Quantity: _____ Class : _____ <i>(Please forward all relevant documentation)</i>		
Tick if Master is exempt for this port call <input type="checkbox"/> (No pilot required) Has Master requested Tugs? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please specify below) Arr. _____ Dep. _____ Sft. _____						
I/We guarantee to pay on demand all dues, rates, charges and fees levied for the use of said berth, the facilities provided and services rendered and any other charge as fixed by the Tasmanian Ports Corporation Pty Ltd, including the cost of repairing damage to the berth or port equipment during the berth occupancy as per current Standard Terms & Conditions of Port Access and Schedule of Port Charges; located at www.tasports.com.au (the Terms and Conditions). I/We acknowledge that access to the Port is governed by the Terms and Conditions.						

SIGNED VTS OFFICER: _____ (APPLIED TO SCHEDULE, WAITING APPROVAL)

Date: _____

This section to be completed by the DUTY PILOT						
TUG REQUIREMENTS	ARRIVAL _____	DEPARTURE _____	SHIFT _____	Pilot Comments: _____		
ARRIVAL WINDOWS			DEPARTURE WINDOWS			
Date:	Hours From:	Hours To:	Date:	Hours From:	Hours To:	

DUTY PILOT: _____ Date _____

Returned & Filed By VTSO: _____ Date: _____

NOTE: This vessel is accepted into the port in compliance with the Maritime Transport and Off Shore Facilities Security Act & Regulations 2003. Tasmanian Ports Corporation Pty Ltd will not accept any liability resulting from any decisions which deny vessel entry, removal off berth, or change to security arrangements resulting from direction received from DIRD or escalation of the MARSC level.