Ship Bunkering Request

Application Time: _____ Date: _____

I hereby request permission for the vessel:_____(vessel name) of _____ (name of Agency) to undertake ship to ship bunkering.
The work will commence at _____hrs on _____(date)
Estimated completion time _____hrs on _____(date)

Ships Agent/Representative: _____

Type & Quantity of Bunkers:_____

Cargo (load or discharge): _____ Stevedore: _____

Wx Forecast Wind Dir: _____ Wind Sp: _____

Tidal Conditions LW: _____ HW: _____

Operational Restriction During Bunkering Operations

- Daylight hours only
- No dangerous goods transfers
- Receiving ship not to be under fumigation or venting
- No Hotwork to be undertaken ships side or onboard
- Deck cargo operations adjacent to bunker vessel/vehicle stopped
- No shipping movements from Northport's facility during transfer
- Maximum sustained wind speed of 25kn from any direction

Signed by Agent/Representative:

Name: _____ Signature: _____

Harbourmaster Approval: **Approved / Declined**

Reasoning: _____

Name: _____ Signature: _____

Northport Approval: **Approved / Declined**

Reasoning: _____

Name: _____ Signature: _____

Northport to complete bunking checksheet on completion of this form FOR-12-120 rev 0