

	# OF Fages
To: HARBORMASTER	From:
Co.: PORT EVERGLADES	Co.:
Phone#: (954) 468-0212	Phone #:
Fax#: (954) 525-9512	Fax #:

DATE/TIME:_ **Vessel Cellular/Phone #:

HARBORMASTER ACCESS TO PORT APPLICATION (Print or type all information)

Name of Ship:			Agent:					
Vessel Call Sign:		_ Lloyd						
Prev	vious Name/Call Sign/Lloyds Reg.	No.:						
Gross Tonnage:				Length:				
Deep Draft In:			Deep Draft Out:					
ETA:								
	y Time If Different From ETA:							
	e and Quantity of Cargo:							
Ship	pping Line:							
Stev	vedore/Receiving Company:							
Petr	oleum/List All Receiving Compani	es:						
Fror	n Last Port:							
	Next Port:							
Preferred Berth:			Alternate Location:					
	/Starboard Side to Dock:							
	(Check bo	x for se	rvices n	eeded for this	s vessel)			
	•			Cruise Tern Fresh Wate	ninal P i er Removal		ug Provider SeaBulk Int'l. McAllister.	
	STATE OF FLORI	DA POI	LLUTIO	N CONTROL	. REGULA	TIONS		
Vessel Contingency Plan Proof of Financial Responsibility □		Yes Yes		No No				
Type/Print SHIP AGENT'S REPRESENTATIVE			SIGNATUR	RE				
G:SHRDHMACCESSTOPORTdoc. (rev.02/10)			HARBORM	HARBORMASTER				