

PRIOR NOTIFICATION FORM FOR VESSELS UNDER 300GT

The completed form should be received prior to arrival of the vessel by one of the following methods:

E-mail: portcontrol@stornowayport.com and / or via: Shipping Agent and / or in person: Shift Supervisor

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1	Vessel's Name									
2	Call Sign									
3	IMO / Fishing Number									
4	Flag State									
5	Gross Tonnage									
6	Port of Registry									
7	Phone Number (mobile / sate	llite)								
8	Email Address									
9	Master's Name									
10	Estimated Date & Time of Arriv	val (ETA) (Pilot Station)								
11	Estimated Date & Time of Dep	parture (ETD)								
12	Last Port of Call									
13	Next Port of call									
14	Length Overall (m) (incl. overh	nangs) .								
15	Breadth Overall (m) (incl. over	rhangs)								
16	Arrival Draughts (m) (maximu	m)	Forward		/		Aft	Aft		
17	Persons Onboard		Passenge	assengers		Cre	Crew			
18	Pilot Required		NO \square	0 🗆 Y			YES	YES 🗆		
19	Fresh Water Required		NO \square	Y			YES	YES 🗆		
20	Garbage Waste Skips Required	d	NO \square	YE	S 🗆	Est	Vol	(M³):		
21	Oily Waste to be Landed (bulk	c / solid)	NO \square	YE	ES 🗆 Est Vol ((M³):		
22	Gangway Required (4.5m / 9m	n / 13m)	NO □ YES □ Size:							
23	Deficiencies		NO ☐ YES [
	Details:									
24	Cargo to be Loaded / Discharged		NO □ Y			YES	ES 🗆			
	Details:									
25	Dangerous Goods Onboard		NO □				YES 🗆			
26	Appointed Agent (Details – Name, Address, Contact									
	Information):									
27	Vessel Owner (Details – Na	ma Addrass Contact								
27	Information):	ine, Address, Contact								
	illiorillation).									
28	Port Call Invoicing (Details – N	ame, Address, Contact								
	Information):									
							1			
29	Confirmation that the vessel	_					NO □	YES 🗆		
	berth, and that Master is familiar with Stornoway Harbour and procedures.							_		
30	Confirmation that the vessel accepts the Health, Safety & Environmental Guidelines									
	for all Facility Users issued by the Port Authority NO 🗆 YES 🗆						YES 🗆			
D	https://www.stornowayporta	utnority.com/about-us/	<u>aocuments</u>	s-an	id-torm	<u>s/</u>				
Details:										
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Print	Name:	Signature:			Date:					

Document ID:	Date Revised:	Review Date:
200 Operations – SMS – Forms – PNF < 300GT – Rev C	March 2023	March 2024