

**SEAPORT MANATEE REQUEST FOR BERTH**

**ALL FIELDS ARE REQUIRED**

Email form to [PORTOPERATIONS@SEAPORTMANATEE.COM](mailto:PORTOPERATIONS@SEAPORTMANATEE.COM)

**VESSEL INFORMATION**

Vessel Name: \_\_\_\_\_ Lloyd's No. \_\_\_\_\_

ETA: \_\_\_\_\_ Date: \_\_\_\_\_ Preferred Berth: \_\_\_\_\_

ETD: \_\_\_\_\_ Date: \_\_\_\_\_ Alternate Berth: \_\_\_\_\_

GRT: \_\_\_\_\_ LOA: \_\_\_\_\_ Beam: \_\_\_\_\_ Flag: \_\_\_\_\_

Arrival Draft: \_\_\_\_\_ Departure Draft: \_\_\_\_\_

DATE AT SEA BUOY (estimated) \_\_\_\_\_ Time: \_\_\_\_\_

**CARGO INFORMATION**

Type of Cargo: \_\_\_\_\_ Quantity: \_\_\_\_\_ mt  st

Custom's Inspections  Coast Guard Inspections

Vessel will: Load  Discharge

Stevedore: \_\_\_\_\_ Terminal Operator \_\_\_\_\_

Receiving/Shipping Company: \_\_\_\_\_

Last Port: \_\_\_\_\_ Next Port: \_\_\_\_\_

Will vessel receive (check one): Stores  Bunkers

Will vessel request water (check one): Yes  No

Will vessel change crew (check one): Yes  No

Crew List / Vendor List: Please attach a copy to this email if it doesn't fit below

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**AGENT INFORMATION**

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Phone (24/7 Number): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax: ): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Alternate Number: ): (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**BILLING INFORMATION (fill in the responsible party)**

**AGENTS: TO AVOID REBILLS, PLEASE PROVIDE  
CORRECT COMPANY FOR BILLING**

1) Wharfage: \_\_\_\_\_

2) Dockage: \_\_\_\_\_

3) Linehandling: \_\_\_\_\_

4) Water: \_\_\_\_\_

5) Harbor Master: \_\_\_\_\_

6) Storage: \_\_\_\_\_

Expected Time Period: \_\_\_\_\_

Type & Location: \_\_\_\_\_

7) Security Fees: \_\_\_\_\_

8) Crane Service: \_\_\_\_\_

**\*If any information is not filled out, your vessel will not be added to the  
schedule. All information is needed to confirm a berth. \***