

Access Application and Vessel Acceptance – Standard Services

This Access Application for Standard Services and associated common user facilities is made in accordance with the requirements of the Darwin Port Access Policy

Applicant to complete

Item 1: Applicant Details		
Full Name: <i>(Person Completing this Application)</i>		
Corporation Name: <i>(if application is being made on behalf of a Corporation)</i>	ABN No:	
Applicant's Postal Address:		
Applicant's Business Address:		
Email:		
Telephone:		
Vessel Agent:	Vessel Agent Contact Name:	

Item 2: Vessel Details		
Vessel Name:	IMO:	Call sign:
Port of registration:		
Length (metres):	Breadth (metres):	
Summer Deadweight Tonnage:	Draft:	
Vessel insurance details:	P&I – expiry date _____ [certificate to be provided] Hull & Machinery – expiry date _____ [certificate to be provided]	
Tonnage Certificate:	<input type="checkbox"/> Yes (certificate to be provided)	
Est. Arrival Date:	Est. Departure Date:	
Type of Cargo:	Quantity:	

Item 3: Bulk Cargo Ships (complete if applicable)		
Solid bulk ship certificates	Classification Society – expiry date _____ [certificate to be provided]	
	International Ship Security Certificate – expiry date _____ [certificate to be provided]	
	International Safety Management Certificate – expiry date _____ [certificate to be provided]	
Liquid bulk ships	Q88 must be provided <input type="checkbox"/> Yes [certificate to be provided]	
Vessel defects:		

Item 4: Trading Account

Does the Applicant have a trading account with Darwin Port? Yes No [if no, please contact finance@darwinport.com.au]

Item 5: Additional Comments (insert any other relevant information or details of Non-Standard Services)

In submitting this Access Application, the Applicant agrees to submit to arbitration all Disputes arising under the Access Policy in relation to the request.

Signed for and on Behalf of Applicant

Print applicants name:	Applicant Type: <input type="checkbox"/> Master <input type="checkbox"/> Agent <input type="checkbox"/> Owner <input type="checkbox"/> Shipper
Contact No:	
Contact email:	
Signature:	
Date:	

Completed form must be emailed to aava@darwinport.com.au for assessment.

Submit