

# APPLICATION TO IMMOBILISE

## Part A: Applicant to complete

Vessel Name: \_\_\_\_\_ Vessel Location: \_\_\_\_\_

Start - date & time: \_\_\_/\_\_\_/\_\_\_\_ :\_\_ (24hrs Local)

Finish - date & time: \_\_\_/\_\_\_/\_\_\_\_ :\_\_ (24hrs local)

State the purpose for immobilising your vessel & the nature of works being conducted: \_\_\_\_\_

\_\_\_\_\_

Will Class 1 or Class 7 DG be on-board the vessel ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the vessel be securely moored / anchored throughout ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
State time required to mobilise in an emergency ?	<input type="text" value="Hrs"/>	

**Note:**  
By signing Part A you are indicating that you have read and understood the Port Notice - Vessel Immobilisation and the vessel will comply with the requirements thereof and that the information contained is true and complete.

- Reminder:**
- ♦ Prior to Immobilising your vessel, contact Darwin Harbour Control on VHF Ch10 and again upon completion.
  - ♦ If a DP Pilot is booked, subject vessel must be mobilised two hours prior to the scheduled Pilot boarding.
  - ♦ The Darwin Port may place additional conditions on the vessel.

**Submit application to - [HarbourControl@darwinport.com.au](mailto:HarbourControl@darwinport.com.au)**

Print applicant's name: \_\_\_\_\_ Master  Agent  Owner

Contact phone No. / email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_

## Part B: Only Authorised Darwin Port delegate to complete

Is the immobilisation during Tropical Cyclone Season ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a High Wind Warning for Darwin Harbour ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is Class 1 or Class 7 DG loaded on-board the vessel ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the vessel securely moored / anchored throughout ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will vessel be mobilised 2 hrs prior to DP Pilot Boarding ?	Yes <input type="checkbox"/>	N/A <input type="checkbox"/> No <input type="checkbox"/>

Approved:  Approved Subject to the below conditions:  **Not Approved:**

Conditions: \_\_\_\_\_

\_\_\_\_\_

Print delegate's name: \_\_\_\_\_ PMO  HCO

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_