

## 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:	

<b>Item 4: Trading Account</b>	
Does the Applicant have a trading account with Darwin Port?	<input type="checkbox"/> Yes <input type="checkbox"/> No [if no, please contact <a href="mailto:finance@darwinport.com.au">finance@darwinport.com.au</a> ]

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

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

<b>Signed for and on Behalf of Applicant</b>	
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:	

**must be submitted to:**  
SSMO, GMO, Shipping  
Scheduler and Darwin  
Harbour Control

Email [aava@darwinport.com.au](mailto:aava@darwinport.com.au)

Submit