

## Part A: Particulars of the Move (Applicant to Complete)

Vessel Name: \_\_\_\_\_ Vessel Location: \_\_\_\_\_  
 Current Metre Mark Aft: \_\_\_\_\_ m Current Metre Mark Forward: \_\_\_\_\_ m  
 Date of the Planned Move: \_\_ / \_\_ / 20 \_\_ Time of the Planned Move: \_\_ : \_\_ (24hrs)

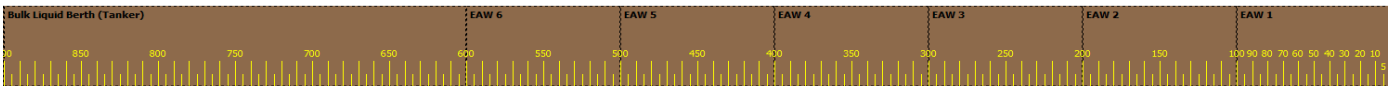
State the purpose for requesting to shift ship and please provide the horizontal distance:

- |                                                                  |                              |                             |
|------------------------------------------------------------------|------------------------------|-----------------------------|
| Is the move less than thirty (30) metres?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the move with engines or tugs?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Will the move require the repositioning of mooring lines?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Is the ship equipped with warping drums?                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Has the Warping Plan been submitted as part of this application? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are Stevedores booked? (Qube/Linx/other)                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Final Metre Mark Aft: \_\_\_\_\_ m Final Metre Mark Forward: \_\_\_\_\_ m

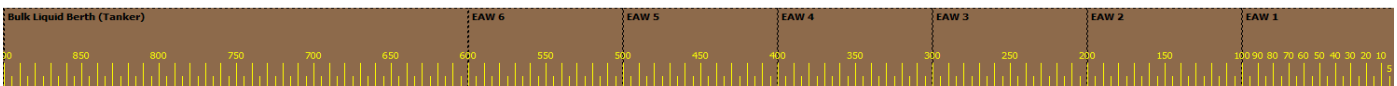
## Part B: Move Plan (Applicant to Complete)

Please Illustrate Ship's INITIAL Position including Mooring Arrangement



Illustrate ship's initial position and mooring arrangement here

Please Illustrate Ship's FINAL Position including Mooring Arrangement



Illustrate ship's final position and mooring arrangement here

**Notes:**

By signing Part A and B you are confirming that you have read, understood and will comply with Port Notice PN/028 - *Application to Shift Ship Along a Continuous Berth* and that the vessel's master confirms that it is safe to do so, that they will comply with the requirements thereof and that the information contained in this application is true and complete.

**Reminder:**

- Prior to commencing the move, please contact Darwin Harbour Control on VHF Ch10 and again upon completion (when vessel is all fast again).
- A Darwin Port Pilot can be made available at the master's discretion and cost.
- Darwin Port may place additional conditions on this application if deemed necessary.

**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: \_\_/\_\_/20\_\_

### Part C: Approval Criteria (Darwin Port Delegate to Complete)

Is the move scheduled during Tropical Cyclone Season?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is the tide a flooding or ebbing	Flood	<input type="checkbox"/>	Ebb	<input type="checkbox"/>	Slack High <input type="checkbox"/> Slack Low <input type="checkbox"/>
Is the wind forecast to be <15kn over the time of the proposed move?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Will the final position of the ship be >15m of any adjacent ships?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Will the move be <30m?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Has this application been assessed for escalation to a PMO or GMO for approval?	Yes PMO	<input type="checkbox"/>	Yes GMO	<input type="checkbox"/>	No HCO Approval <input type="checkbox"/>

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

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

Darwin Port delegate's name: \_\_\_\_\_ HCO       PMO       GMO

Signature: \_\_\_\_\_ Date: \_\_/\_\_/20\_\_