



# U. S. Coast Guard

## Marine Safety Unit Port Arthur Marine Safety Unit Lake Charles Dead Ship Tow Notification

Rev. Jan 2024

Date Submitted:			
<b>POINT OF CONTACT INFORMATION</b>			
Name:		Title:	
Company:			
Email:			
Phone Numbers:	Office:		Mobile:
Responsible Party Representative Name:			
Responsible Party Representative Contact Phone:			
<i>* Responsible Party Representative should be located on the vessel or tow during pilotage.</i>			
<b>TOWED VESSEL INFORMATION</b>			
Vessel Name:		Official No.	
Vessel Class / Type:		Flag:	
Documentation Status:		Call Sign:	
Ownership:			
Length:		Beam:	
Draft:	Fore:	Aft:	
	Trim:	Air Draft:	
Displacement:		Gross Tons:	
Load Line Certificate or Exemption? <i>(If applicable)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Certificate of Financial Responsibility? <i>(If applicable)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vessel Response Plan Available? <i>(If applicable)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>TOW and TRANSIT INFORMATION</b>			
Transit From:			
Transit To:			
Est. Departure Date:		Est. Arrival Date:	
Est. Departure Time:			
Pilot Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> State <input type="checkbox"/> Federal
Intended Route:			
Lead Tug Name:		HP:	
Assist Tug 1 Name:		HP:	
Assist Tug 2 Name:		HP:	
Assist Tug 3 Name:		HP:	
Is an emergency towline available?		<input type="checkbox"/> YES	<input type="checkbox"/> NO



# **U. S. Coast Guard**

## **Marine Safety Unit Port Arthur**

## **Marine Safety Unit Lake Charles**

### **Dead Ship Tow Notification**

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TOWED VESSEL CONITION	
Ground Tackle Status:	Operational? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is a Coast Guard inspection required prior to departing / entering port?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has an inspection been conducted by an underwriter or reputable surveyor for towing preparations?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Tow Plan and/or Route Plan submitted?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Intentions for steering gear, main shaft locking arrangements and watertight integrity:	
I _____ (accountable person for dead ship) have made notifications to COTP zone(s) in which I will be transiting and all involved parties. Also, I agree that I will notify the Coast Guard prior to deviating from this plan.	
Signature:	

THIS NOTIFICATION SHOULD BE PROVIDED TO THE COAST GUARD AS EARLY AS POSSIBLE BEFORE THE PLANNED EVOLUTION, BUT 4-DAYS IS PREFERRABLE. FAILURE TO PROVIDE NOTICE OR LATE NOTICE COULD DELAY THE TRANSIT.

#### **Submit completed form to:**

Sabine-Neches Waterway:	MSU Port Arthur	<a href="mailto:vtspa-sup@uscg.mil">vtspa-sup@uscg.mil</a>
Calcasieu Waterway:	MSU Lake Charles	<a href="mailto:D08-SMB-MSULakeCharles-WWM@uscg.mil">D08-SMB-MSULakeCharles-WWM@uscg.mil</a>

U.S. Coast Guard Response			
ACCEPTABLE PLAN:	PREV: <input type="checkbox"/> YES <input type="checkbox"/> NO	VTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	WWM: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name/Date:	Name/Date:	Name/Date:
ANY DEVIATION FROM THE TIMES OR LOCATIONS SPECIFIED IN THIS APPLICATION MUST BE REPORTED TO THE COAST GUARD.			
MSU Port Arthur (VTS)	PHONE: (409) 719-5070	EMAIL: <a href="mailto:vtspa-sup@uscg.mil">vtspa-sup@uscg.mil</a>	
MSU Lake Charles	PHONE: (337) 491-7800	CDO: (337) 912-0073	