



# U. S. Coast Guard

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

Rev. May 2022

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:			
* Responsible Party Representative should be located on the vessel or tow during pilotage.			
<b>TOWED VESSEL INFORMATION</b>			
Vessel Name:		Official No.:	
Vessel Class / Type:		Flag:	
Documentation Status:		Call Sign:	
Ownership:			
Length:		Beam:	
Draft:		Aft:	
Fore:		Air Draft:	
Trim:			
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	



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TOWED VESSEL CONDITION	
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:	
<p>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.</p> <p style="text-align: center;">Signature:</p>	

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

<b>Submit completed form to:</b>		
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/WWM: <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name/Date:	Name/Date:
<p><b>ANY DEVIATION FROM THE TIMES OR LOCATIONS SPECIFIED IN THIS APPLICATION MUST BE REPORTED TO THE COAST GUARD.</b></p>		
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