

MSU Port Arthur Rig Movement Application

1. NAME OF RIG: _____ OFFICIAL NO. _____
2. TYPE OF TRANSIT (circle one): SHIFT OF BERTH DEPARTURE ARRIVAL
3. TRANSIT FROM: _____
4. TRANSIT TO: _____
5. COMMENCING: _____ (Time) _____ (Date) (departing dock or sea buoy)
6. ENDING: _____ (Time) _____ (Date) (arriving dock or sea buoy)
7. WATERWAYS AFFECTED: _____

8. RIG DIMENSIONS: _____ (L) X _____ (W) X _____ (Draft)
9. TOW INFO: _____ HP: _____ (Lead Tug)
_____ HP: _____
_____ HP: _____
_____ HP: _____
10. COMMS: THE LEAD TUG CAN BE CONTACTED ON CHANNELS ____ / ____ VHF-FM
***** ENSURE COMPLIANCE WITH 33 CFR 165.806 AND 33 CFR 162.75 *****
11. PILOTS NOTIFIED: YES NO IF YES, WHO / WHEN _____
12. POINT OF CONTACT: _____ (NAME OF INDIVIDUAL)
_____ (COMPANY NAME)
_____ (24HR PHONE NUMBER)
_____ (24HR FAX NUMBER)

I, _____ (Accountable person for rig) have made notification to the COTP zone(s) in which I will be transiting and all involved parties. Also, I agree that I will notify MSO Port Arthur prior to deviating from this plan.

Signature

THIS IS NOT A NOTICE OF ARRIVAL (NOA)

THIS APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) DAYS IN ADVANCE OF THE TRANSIT AND MUST BE RECEIVED AT THIS OFFICE BETWEEN 0700 AND 1600 (MON – FRI). ANY DEVIATION FROM THIS REQUIREMENT MAY DELAY THE TRANSIT. YOU MUST HAVE RECEIVED A SIGNED RESPONSE FROM MSU PORT ARTHUR PRIOR TO COMMENCING THE TRANSIT.

ACCEPTABLE PLAN NOT ACCEPTABLE PERMIT NO. _____
NAME: _____ SIGNATURE: _____

ANY DEVIATION FROM THE TIMES OR LOCATIONS SPECIFIED IN THIS APPLICATION MUST BE REPORTED TO VTS PORT ARTHUR. PHONE (409) 719-5070 FAX at (409) 719-5090.