

REQUEST FOR VESSEL INSPECTION

TO: Division of Environmental Health, DPHSS

FROM (Agent): _____ Tel: _____ Fax: _____

DATE OF REQUEST: _____ VESSEL NAME: _____

Call Sign: _____ CT-No. _____ Vessel Type: _____

Length: _____ (ft.) Draft: _____ (ft.) Flag: _____

Cargo Type: _____ Vessel Net Wt. _____ (tons) Cargo Net Wt. _____ (tons)

First Time Calling Guam (Yes / No) Date Last Called to Guam: _____

Has Vessel Changed Name (Yes / No) Previous Name: _____

Last Port of Call: _____ Next Port: _____

Arrival Date: _____ ETA Berth: _____ Berth Location: _____

Est. Date & Time Departure: _____

DATE & TIME WHEN AVAILABLE FOR INSPECTION: _____

(Excluding Weekends and Holidays.)

Date Last Inspected: _____ Certificate Issued by us? (Yes / No)

Purpose of Call (ex: Provisions, Cargo Discharge, etc.): _____

No. of Crew: _____ Nationality of Crew: _____

No. of Passengers: _____ Nationality of Passengers: _____

I acknowledge the following:

1. Vessel inspections are conducted during the hours of 9:30am.-3:30pm of regular working days.
2. All vessel inspection requests must be submitted to the Division of Environmental Health before 8:30 am, if an inspection is requested for the same day.
3. Incomplete or inaccurate information provided to the Division may delay the inspection of a vessel, or disqualify the request altogether.
4. Time and manpower constraints may force the rescheduling of any inspection, at the discretion of the Division.
5. The Division will not be responsible for any lost or illegible requests.
6. Any cancellation of request by the Agent must be submitted in writing, and received by the Division at least 24 hours before the "Date & Time When Available for Inspection".
7. Outstanding debt to the Division for vessel inspection may result in future inspection requests to be denied by the Division.
8. A call is to be made to the Division to confirm that the Certificate has been prepared for release before sending a representative to pick up the document.

Name of Agent Representative

Signature