



1015 NORTH AMERICA WAY • MIAMI, FLORIDA 33132
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CALL SIGN _____

LLOYD'S REG. NO. _____

REQUEST FOR SHIPS' BERTH ASSIGNMENT
 ATTENTION: BERTHING OFFICER

SEAPORT OPERATIONS STAMP _____

Previous Name of Vessel/Call Sign/Lloyd's Reg. No. _____

Date _____

Name of Ship Voy. No. Shipping Line Billing Agent Husbanding Agent Stevedore

Gross Tonnage Length Breadth Draft Flag Ro_Ro | Lo_Lo | Container | Pass | R/V | Other

Arrival Draft From – Last Port To – Next Port

Service Name: _____

Preferred Berth: No. _____

E.T.A. _____

E.T.D. _____

(NOTE: Any change in E.T.A./E.T.D. must be reported at once.)

NAME/DATE	TIME	DATE	TIME
1			
2			
3			
4			
5			

NAME/DATE	TIME	DATE	TIME
1			
2			
3			
4			
5			

REQUEST FOR CONTAINER CRANE(S) ASSIGNMENT:

IF GRANTY DOCK IS PREFERRED INDICATE NO. OF CRANES AND START-DATE (MINIMUM: ONE (1) CRANE).

No.	REQUEST MADE		OPERATION	No. of Crane	COMMENTS	COMP. INITIALS	OP.'S INITIALS
	NAME	DATE / TIME	DATE / TIME				
ORIG.							
1							
2							
3							

Type of Cargo: **Inbound:** Containers Heavy Equip. Passengers **Outbound:** Containers Heavy Equip. Passengers
Cars Yachts Others Cars Yachts Others
Trailers Lumber Trailers Lumber

SPLIT WHARFAGE YES NO. IF YES, LIST BELOW ALL CARGO LINES/AGENT INVOLVED:

1.		4.	
2.		5.	
3.		6.	

COMPANY NAME	AGENT'S NAME	COMPANY ADDRESS	TELEPHONE NUMBER

----- Miami-Dade County / Official-use Only -----