

APPLICATION FOR TEMPORARY BERTH ASSIGNMENT

ProvPort, Inc

35 Terminal Road Providence, RI 02905 Ph: 401-461-9900 Fax: 401-461-6240 ProvPort managed & operated by-Waterson Terminal Services, LLC



www.provport.com				90013015 EMS + 1	SO 45001/2018	
Company requesting assigment:					Date of Application:	
Receiving terminal/customer:					Contact Phone:	
		TERMS & CONDI	TIONS:			
applicant is resp BOL/manifests/ business hours on	oonsible for all pay gate and vendor li lly, Monday-Friday ay. Berthing assig	ates, rules and regulations of ment accrued on behalf of th sts prior to any vessel arrival 0700hrs-1600hrs, after hours nments provided upon appro cellations (see Tariff #790) are	ne vessel. App I. Berth applic s or weekend a oval of applica	olicant must cations are re applications ation and in t	furnish copies of cargo eviewed during normal will be reviewed upon the	
	1	ESSEL AND CARGO IN	IFORMATIC	N		
Name of Vessel:		Arrival Date:		Departure Date:		
LOA:	NRT:	Drafts-Arrival/Departure): F	Flag / IMO#		
Cargo Descriptio	n:	C	Cargo Tonna	ge:		
		BILLING INSTRUC	CTIONS			
Dockage and Secur	rity Assessment fo	r account of- (usually vessel	agency):			
Wharfage and Secu	ırity Assessment f	or account of- (usually receiv	er/tenant term	inal):		
Vessel services (po	table water/vendo	rs/stevedoring - please list al	II applicable:			
service/account of:	rvice/account of:					
service/account of:						
service/account of:						
Special Billing requ	irements: Please	list here:				
**Any request for bill	ling to additional pa	ties (split invoicing) not indicate	ed on this appli	ication in adv	ance of invoice are	
subject to a \$250.00	per invoice reproce	<u> </u>				
		APPLICANT INFOR	MATION			
Applicant Name (print)					
Applicant Title:						
Applicant Signati	ure (e-signature	accepted):				