



REQUEST FOR HIRE OF PILOTAGE LAUNCH "PETREL II"

To be forwarded to: Port Control
Facsimile: (07) 4771 4493

(Form to be lodged with Port of Townsville Limited at least 24 hours before commencement of hire)

Contact Name:

Company Name:

Telephone: () **Fax:** ()

Date of Hire:/...../..... **Time of Hire:** am / pm

Ship Name:("the Ship").

Reason for Hire: Crew Transfer Survey/Pilot Transfer Medical Transfer

If Medical Transfer is indicated please provide full details:

.....

Name of Passenger/s:.....

Telephone Number for Passengers:.....

I/We certify that the information is true and correct and undertake to pay all charges applicable.

Company Name:.....

Address:.....

.....**Postcode:**.....

Signature:..... **Date:**...../...../.....

Conditions of Hire:

- The master of the pilot launch may request the ship to be underway for the transfer to take place.
- The master of the pilot launch may abandon the transfer once at sea if the master considers it unsafe. The charter will still be invoiced to the applicant.
- The master of the pilot launch may cancel the transfer prior to departure due to weather conditions. No invoice will be raised.
- The master of the pilot launch will have the final decision on all matters.

COXSWAIN TO COMPLETE

Date:/...../..... **Time:**:..... **Please circle: Standard / Special** **Wait Time:**mins

Sign Completed:.....

RETURN TO SUPERVISOR MARINE SERVICES

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