



NOTICE OF ARRIVAL

*This form is to be completed and faxed to the Belize Port Authority
No later than 48 hours in advance of the vessels intended arrival.
Fax: 501-223-0710/2318*

Ship's Particulars

| | | |
|-----------------------|----------------------------|--------------------|
| Name of Vessel: _____ | Country of Registry: _____ | REG #: _____ |
| Voyage Number: _____ | Call Sign: _____ | Type: _____ |
| IMO Number: _____ | DWT: _____ | LOA: _____ |
| Name of Master: _____ | Draft Fwd: _____ | Beam: _____ |
| Gross Tonnage: _____ | Draft Aft: _____ | No. Ratings: _____ |
| Net Tonnage: _____ | Number of Crew: _____ | No. of PAX: _____ |

Security

| | | |
|-------------------------------|--------------------------|--|
| ISSC Number: _____ | ISSC Issue Date: _____ | ISSC Exp. Date: _____ |
| Current Security Level: _____ | Last Port of Call: _____ | Next Port of Call: _____ |
| Last Ten Port of Call: | | Security related incident over the last ten Port of Call N/Y (If "Yes" Explain) |
| 1. _____ | 2. _____ | |
| 3. _____ | 4. _____ | |
| 5. _____ | 6. _____ | |
| 7. _____ | 8. _____ | |
| 9. _____ | 10. _____ | |
| | | |
| | | |
| | | |
| | | |

Port Activity

| | | |
|--|---|---------------------------------|
| To Berth: <input type="checkbox"/> Y <input type="checkbox"/> N | To Anchorage: <input type="checkbox"/> Y <input type="checkbox"/> N | Other: <input type="checkbox"/> |
| Purpose of Visit: Load <input type="checkbox"/> Unload <input type="checkbox"/> | Pleasure <input type="checkbox"/> Research <input type="checkbox"/> | |
| Other (Explain) _____ | | |
| ETA Territorial Waters: _____ | Date: _____ | ETA Pilot Station: _____ |
| Port of Call in Belize: _____ | Date: _____ | ETD: _____ |
| Dangerous Goods <input type="checkbox"/> Y <input type="checkbox"/> N | | |
| If yes, please complete and fax the Belize Port Authority's Dangerous Goods form for approval to 501-223-0710 or 223-2318. | | |

Communications

| | | | |
|---------------------------------|--------------------------|--------------|---------------|
| Radio: <input type="checkbox"/> | Working Frequency: _____ | Email: _____ | Tel No: _____ |
|---------------------------------|--------------------------|--------------|---------------|

Vessel's Operator: _____
(Name, Address, Contact Number)

P & I Club: _____
(Name, Address, Contact Number)

H & M Insurers: _____
(Name, Address, Contact Number)

Date: _____

Name of Master/Agent: _____

Signature: _____

NOTE: All vessels are required to communicate to the National Maritime Communications Center on channel 16, their arrival within territorial waters and the Level of Security currently in effect.