

**City of Mobile Alabama Cruise Terminal  
Berth Application**

The vessel agent for any vessel berthing at the City of Mobile Alabama Cruise Terminal (Cruise Terminal) shall file a Berth Application Request Form with the Terminal Director at least seventy-two (72) hours prior to the arrival of the vessel.

In requesting application for berth the vessel agent assumes responsibility for all charges assessable against the vessel and any additional charges resulting from services at the Cruise Terminal.

In making application for berth the vessel agent indicates a desire to use the Cruise Terminal under the jurisdiction of the City of Mobile and the Berth Application Request shall constitute a consent to all the terms and conditions of any and all applicable tariffs of the City of Mobile Alabama Cruise Terminal and evidences and agreement on the part of the vessel agent to pay all charges assessable to the vessel.

VESSEL: \_\_\_\_\_ S/S LINE: \_\_\_\_\_

CALL LETTERS: \_\_\_\_\_ FLAG: \_\_\_\_\_

IMO: NUMBER: \_\_\_\_\_ ISPS CERTIFICATE NUMBER: \_\_\_\_\_

LENGTH: \_\_\_\_\_ BEAM: \_\_\_\_\_

ETA: \_\_\_\_\_ ESTIMATED DRAFT: ARRIVAL \_\_\_\_\_ DEPARTURE: \_\_\_\_\_

STEVADORE: \_\_\_\_\_

LAST PORT OF CALL: \_\_\_\_\_ NEXT PORT: \_\_\_\_\_

REMARKS: \_\_\_\_\_

**VESSEL REQUIREMENTS**

**In accordance with 33 CFR 105.270(b)(2), advance notification of vessel stores and bunkers delivery is required.**

	YES:	NO:		YES:	NO:
POTABLE WATER	_____	_____	GARBAGE REMOVAL:	_____	_____
STORES:	_____	_____	BUNKERS:	_____	_____
SHORE POWER:	_____	_____	CREW CHANGE:	_____	_____

We hereby request berthing for the above listed vessel and have provided the required information. We further agree, as the agent or authorized representative for the agent requesting berth, to accept responsibility for all charges assessed against the vessel and any additional charges resulting from requests for service from the Cruise Terminal. I further certify that funds sufficient to cover anticipated expenses on the above named vessel have been received from the owner/operator of this vessel.

VESSEL AGENT: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Please fax completed form to: (251) 338-7455

Form Date: 1 Nov 16