



## PRIOR NOTIFICATION FORM FOR VESSELS OVER 300T

The owner, agent or master of any vessel required to comply with the Merchant Shipping (Vessel Traffic Monitoring and Reporting Requirements) Regulations 2004 must complete this form, in addition to completion of CERS documentation. The completed form must be received prior to arrival of the vessel by one of the following methods, otherwise port entry may be delayed:

E-mail: [portcontrol@stornowayport.com](mailto:portcontrol@stornowayport.com) and/or Via: Shipping Agent

1	Ship name				
2	Call sign				
3	IMO/Fishing number				
4	Phone number				
5	Email Address				
6	ETA/Arrival date Stornoway				
7	Last Port of Call				
8	ETD Stornoway				
9	Next Port of call				
10	Master's Name				
11	Flag				
12	Port of Registry				
13	Agent Name, Address, Contact No.s				
14	Persons on Board	Passengers		Crew	
15	Max Arrival Draught	Forward		Aft	
16	GT				
17	Length Overall (m) including overhangs				
18	Type of Cargo to be loaded / discharged				
19	Garbage Waste Skips required	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
20	Oily Waste to be landed	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
21	Fresh Water Required	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
22	Pilot Required	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
23	Deficiencies	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Details:					
24	Confirmation that vessel has Passage Plan including Harbour transit to berth and that Master is familiar with Stornoway Harbour and procedures.	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
25	Confirmation that the vessel accepts the Health, Safety & Environmental Guidelines for all facility users issued by the Port Authority. <a href="http://www.stornowayportauthority.com/documents">www.stornowayportauthority.com/documents</a>	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
26	Gangway Required	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
27	Dangerous Goods	NO <input type="checkbox"/>	YES <input type="checkbox"/>		
Details:					
Signature		Print Name		Date	

<b>Document ID</b> 200-Form-05-PNF >300GT Rev B	<b>Date Revised</b> Jan 2021	<b>Review date</b> Jan 2022
--	---------------------------------	--------------------------------