QUONSET
DEVELOPMENT CORPORATION

BERTH APPLICATION

Date Filed:_____

PORT OF DAVISVILLE
95 CRIPE STREET
NORTH KINGSTOWN, RI 02852
TELEPHONE: (401) 294-2639 FAX: (401) 294-2632

VESSEL: _____

ETA: _____ (date) _____ (time)

ETD: _____ (date) _____ (time)

HOURS AT DOCK: _____

CARGO: _____

L.O.A.: _____

N.R.T. _____ **G.R.T.** _____

Voyage # _____

IMO # _____

DRAFT: _____

REQUESTING PIER #: _____

UTILITIES REQUIRED:

_____
(fuel)

_____
(water)

_____
(other)

_____
(other)

OFF LOADING SERVICES: _____

AGENT: _____

FOR: _____

_____

PLEASE NOTE: A CURRENT CERTIFICATE OF INSURANCE MUST ACCOMPANY THIS BERTH APPLICATION

Also please attach CREW LIST