



## **Berth Application Instructions for Vessels**

### **ARRANGEMENTS FOR USE OF THE FACILITIES:**

When shippers, consignees, rail, motor freight or water carriers forward business to the Port of Davisville, arrangements must be made in advance for the handling or storage of same, otherwise it is optional with the QDC as to whether or not such business is accepted. The use of the facilities under the jurisdiction of the QDC shall constitute a consent to the terms and conditions of this tariff, and evidence an agreement on the part of all vessels, their owners or agents and other users of such facilities to pay all charges specified in this tariff and be governed by all rules and regulations herein contained.

### **BERTH APPLICATION:**

All vessels, or their owners or agents desiring berths at the Port of Davisville shall apply for berth application at least five (5) days in advance of vessel arrival, furnishing QDC with the appropriate berth application for ship, tug or barge. A completed Berth Application will be submitted to the Davisville Pier Master for assignment via *PORT@QDCRI.COM*. All fees must be paid in advance unless other arrangements have been made with the Port Director.

### **VESSEL REQUIRED TO USE BERTH ASSIGNED:**

All vessels are required to use berth assigned. Assignments of berth are not transferable and in the event of failure to use berths as and when assigned, QDC reserves the right to use such unoccupied berth for other purposes.

### **PIER LOADING PERMIT:**

All vessels, or their owners or agents desiring berths must also submit a Pier Loading Permit for review and approval by the port engineer. Application must be submitted at least five (5) days in advance of vessel arrival. No on/off loading operation will be conducted without a valid loading permit.

### **CAPACITY OF FACILITIES:**

QDC does not obligate itself to provide berthage, storage, equipment, labor, or other forms of service beyond the reasonable capacity of its facilities.

### **COMMERCIAL CONTRACTORS:**

All outside maintenance contracted by leases, vessels, vessels owner or agents must receive clearance through QDC prior to entering into any work at Port of Davisville.

**BUSINESS HOURS:**

The hours of business are between 0830 and 1630, exclusive of Saturdays, Sundays and holidays. Services performed during other than business hours shall be subject of special agreement with QDC.

**STEVEDORING:**

All stevedoring companies performing work at the Port of Davisville shall be required to file with QDC a Certificate of Insurance showing proper coverage for the following:

1. General Liability including legal liability for bodily injury and property damage in the amount not less than \$1,000,000.
2. Automobile Liability in the amount not less than \$1,000,000.
3. Workers Compensation including the Longshoremen's and Harbor Worker's Act and Employers Liability in the amount not less than \$1,000,000.
4. Umbrella coverage in the amount not less than \$5,000,000.

**INSURANCE NOT INCLUDED:**

The charges provided for herein do not include insurance of any kind, nor will such insurance be covered by QDC under their policies.

**\*VESSEL BERTH APPLICATION\***

PORT OF DAVISVILLE - QUONSET DEVELOPMENT CORPORATION

*ALL FEES MUST BE PAID IN ADVANCE UNLESS OTHER ARRANGEMENTS HAVE BEEN MADE*

*Preferred method of payment: Wire transfer or Credit Card (Visa, Master Card or American Express)*

*All overpayments will be returned by company check and any underpayments will be invoiced or charge to credit card*

**Return completed application to: [port@qdcric.com](mailto:port@qdcric.com)**

Date Filed: \_\_\_\_\_

**DOCKAGE:**

Bill to:

Name:		Email address:	
Address:		Telephone number:	
VESSEL NAME:		IMO #:	
Voyage Number:			
LOA:	Draft:	GRT:	NRT:
ETA: Date:		ETA Time:	
ETD: Date:		ETD Time:	Hours:
ISPS Compliant?			
Shipper:			
Ship's Agent:		Telephone:	
Stevedore Services:			
P & I Representative:			
Consignee:		Carrier:	

**WHARFAGE:**

Bill to: (write same if same as above)

Name:		Email address:	
Address:		Telephone number:	
Cargo description:			
Number of Units:			
Total Weight:		Unit Weight:	
Berth Request: (please circle one) Pier One Pier Two			
Waybills/Manifest: <b>must be attached</b>			
Pier loading permit: if applicable <b>must be attached</b>			

**PORT SERVICES:**

Bill to: (write same if same as above)

Name:		Email address:	
Address:		Telephone number:	
Utilities: Water: YES / NO Other:			

**IMPORTANT NOTE:**

**A CURRENT CERTIFICATE OF INSURANCE AND A CREW LIST  
MUST ACCOMPANY THIS BERTH APPLICATION:**

- Current Insurance   
 Crew List   
 Waybill/Manifest   
 Pier Loading Permit   
 Gate List  
 Security needed   
 Hazardous Materials

QDC Staff: \_\_\_\_\_ Date: \_\_\_\_\_

FEES:

Dockage estimate \_\_\_\_\_ Wharfage estimate: \_\_\_\_\_ Port Security estimate: \_\_\_\_\_

Approved by: \_\_\_\_\_ Paid: \_\_\_\_\_