

BOOKING REQUEST DRY DOCK

**PORTS DE NORMANDIE - REGIE DES OUTILS DE MISE A SEC DU PORT DE
CHERBOURG (HAUL-OUT SERVICE)
DIRECTION DES ACCES ET DE LA MAINTENANCE
Centre Opérationnel de Cherbourg – Pont tournant
F-50100 CHERBOURG EN COTENTIN
Mob.: 06 52 07 81 60 – email: damien.ribot@portsdenormandie.fr
If no-one is present Mob.: 06 24 08 86 27 – email: ludovic.poincheval@portsdenormandie.fr**

I the undersigned, Company name:
SIRET no.:
Address:
Position:
Phone: email: @
Name of shipowner's official representative:

▪ Requests use of the dry dock for the following vessel:

Description:.....
Registration no.:.....
Dimensions (vessel drawings and charts attached):.....
Draughts on presentation:
Lightweight of ship and weight of load:
Vessel replacement cost:
Entry scheduled for: at hr
Exit scheduled for:..... at hr

I confirm that I am aware of the relevant provisions in the internal regulations concerning the use of the dry dock, and in particular:

- the rates applicable,
- the need to provide proof of an insurance policy covering at least the following risks:
 - civil liability for damage to port facilities (*structures and equipment*);
 - raising and removal of wreckage in the event of the vessel sinking within the administrative boundaries of the port;
 - damage caused to third parties within the technical area;
 - theft;
 - pollution;
 - fire.
- the requirement to remove - at the shipowner's expense - any items, refuse or waste originating from the vessel or resulting from the work which have been left on the hardstanding or the dry dock floor or altars,

and I undertake to comply with these provisions.

I undertake to inform the Cherbourg Operations Centre (Centre Opérationnel) within the timeframe specified in the internal regulations (*i.e. with at least 12 hours' notice*) if for any reason the movement will not be able to go ahead on the date and/or time scheduled.

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I confirm that I am aware that water will not be returned to the dry dock for the vessel's exit without a person in charge of the vessel present on site having signed an authorisation to relaunch (*at least 3 hours prior to exit*).

.....[place],[date]

Signature :

For PORTS OF NORMANDY use only

The request above is (1)

accepted

refused

Reason for refusal:

.....
.....

.....[place],[date]

Name and position: Signature:

(1) Delete as applicable