

**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](mailto:damien.ribot@portsdenormandie.fr)**

**If no-one is present Mob.: 06 24 08 86 27 – email: [ludovic.poincheval@portsdenormandie.fr](mailto: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 syncrolift 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: .....

Haul-out requested on: ..... at ..... hr

Relaunch requested on: ..... at ..... hr

**I confirm that I am aware of the relevant provisions in the regulations concerning the use of the Syncrolift, 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.
- of the requirement to remove - at the shipowner's expense - any items, refuse or waste originating from the ship or resulting from the work which have been left on the hardstanding or the Syncrolift platform,
- For new customers, the requirement of settling the estimated amount prior to providing the service,

**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.**

**I undertake to inform the harbourmaster's office (VHF12) before commencing any movement in the commercial port waters, in line with the navigation police regulations for the Cherbourg roadsteads.**

# BOOKING REQUEST SYNCROLIFT

I enclose with my request a technical file as required by the Syncrolift operating rules including at least:

- essential characteristics of the vessel (length, beam, draught),
- total weight of the vessel and the load distribution,
- vessel blocking plan,
- vessel replacement cost.

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

Signature :

**For PORTS OF NORMANDY use only**

No. of third party: .....

The request above is

accepted

refused

with advance payment

without advance payment

Reason for refusal:

.....  
.....

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

Name and position: ..... Signature: .....