



HUMBER ESTUARY SERVICES

ADDITIONAL VESSELS TO HUMBER PEC

NAME OF APPLICANT	PEC NO	CLASS
CONTACT TELEPHONE NUMBER OF APPLICANT/VESSEL		

Name and call sign of Vessel	Port of Registry	Owner / Operator	GT	LOA

Type of Vessel(s)	Date of Build	Propulsion	No of Thrusters and KW	Maximum Operating Draught

Signature of Applicant: **Date:**

PLEASE RETURN COMPLETED FORM TO ABP BY POST, FAX OR EMAIL.
 FAX NO. 01472 246293. E mail; hes@abports.co.uk

For official use only

- Interview with PEC holder regarding experience on this vessel/type **SAT /UNSAT**
- Class of vessel – same or similar to others on certificate? **YES / NO**
- Are the bridge team arrangements on this vessel satisfactory? **YES / NO**
- Assessment trip required? **YES / NO** **Assessor** **Date**
- Payment required/Invoice requested **YES/ NO** **Date**
- Approved as addition **YES/NO** **Entered in PAVIS** **Date:**
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Signed: **Date:**

Designation:

COMMENT:
