

ADDITIONAL VESSELS TO HUMBER PEC

Name of Applicant	PEC No	Class
* Contact telephone number of applicant		

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

* Please ensure your contact telephone number is shown. This is mandatory.

Signature of Applicant: Date:

**PLEASE RETURN COMPLETED FORM TO ABP BY POST, FAX OR EMAIL.
FAX NO. 01482 608420. EMAIL wfountain@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**
- Assessment trip carried out if applicable – Assessor: Date:
- Payment required **YES/ NO** Date entered in PAVIS
- Approved as addition **YES/NO**

Please add any additional comments on reverse of this form

Signed: Date:

Designation: