

ESTADOS UNIDOS MEXICANOS
COORDINACIÓN GENERAL DE PUERTOS Y MARINA
MERCANTE



COORDINACIÓN GENERAL DE
PUERTOS Y MARINA MERCANTE

ADVANCE NOTICE OF ARRIVAL

**International Ship and Port Security Code. Chapter XI-2, Regulation 9.2.1
To be sent 48 hours before arrival**

Imprimir formulario

Enviar por correo electrónico

Particulars of the ship and contact details			
Name of ship and previous:		IMO Number:	
Flag State:		Port of Registry:	
Length over all:		Type of ship and Gross Tonnage:	
Extreme breadth:		Call sign:	
Name of Company:		Arrival displacement:	
Inmarsat call numbers:		Name and 24 hours contact details of the CSO:	
Port and port facility information			
Port of arrival and port facility where the ship is to berth:		Primary purpose of call:	
Expected date and time of arrival of the ship in port:			
Max. arrival draft:		HO/DO aboard:	FW/BW aboard:
Information required by SOLAS, regulation XI-2/9.2.1			
Is the ship provided with a valid ISSC		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interim ISSC		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Continuous Synoptic Record		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide ISSC Number:		Issuing authority:	
Date issued:		Expiry date:	Current security level:
Does the ship have an approved ship security plan on board?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Date and location of the ship at the time the report is made.			
Provide the last ten calls at port facilities at which ship conducted ship/port interface.			
Date arrival (yyyy/mm/dd)	Port, Country, port facility and UNLOCODE	Security level	Remarks

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Does the ship during above period take any special or additional security measures? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, attaché details:			
Provide type, general description and quantity of cargo aboard the ship.			
Provide cargo quantity aboard the ship in transit.			
Is AIS working properly?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the ship carrying any dangerous substances as cargo?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, attaché a copy of Dangerous Goods Manifest (IMO FAL Form 7)			
Provide details of the owner, charterer and ship management company as applicable, and who is responsible for appointing crew and employment of the ship.			
Are details carried on board? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Attaché a copy of the ship's Crew List (IMO FAL Form5).			
Attaché a copy of the ship's Passenger List (IMO FAL Form6).			
Is there any security-related matter you wish to report? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES, provide details:			
Quarantine Report			
Have there been any deaths (other than by accident) or any symptoms of illness or infectious diseases amongst the crew or passengers during the current voyage? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Derat/deratting exemption certificate	Issued date:	Year:	Month: Day.
Port of issue:			
Are there any animals (including birds and fish, etc.) on board?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, give a description of the animal/s:			
Have any stowaway animals, migratory birds, insects, or nests been found on board since your last port of call?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you any dunnage (wood used in packaging/bracing of cargo, etc.) on board?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, do you have a treatment certificate?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ballast Water			
Do you intend to discharge ballast water in Mexican territorial waters?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, you MUST await PERMISSION in response to BW Declaration before undertaking any discharge.			
Agents Details			
Agents name:		Agents phone number:	
Agents fax number:		Agents email address:	
Person that provides the information. (SSO / Master / Skipper)			
Name:		Title:	
Notes			
<ol style="list-style-type: none"> 1. Do not alterate this form. Fulfill complete; do not leave boxes in blank. Where is not applicable, insert "N.A." 2. This form including attachments must be provided by email to CCTMP (cctmp_progreso@puertosyucatan.com) at least 48 hours in advance. 			