**Hull Cleaning Request**

**Request to carry out Hull Cleaning Operations on vessels within the Port of Southampton’s SHA**

**IMPORTANT NOTES:**

* Request should be made at least 24 hours before the planned operation.
* Request will only be accepted from ABP’s environmental department approved Companies.
* If Diving/Swimming operations are taking place in connection with the hull cleaning operation a separate approved Dive/Swimmer request form is also required.
* **Contact Southampton VTS on VHF Ch12 prior to commencing operations and on completion. If Contact cannot be made on VHF approval MUST be obtained by telephone.**

**Vessel Information**

Vessel Name: Location / Berth:

Agent / Owner Name:

**Contractor Details**

Contractor Name: Supervisors Name:

Tel No (On site): Contractor Email Address:

Operation Start Date/Time: Operation Finish Date/Time:

**Method/Environmental Impact**

Sea area Vessel has arrived from:

Which Anti Fouling Protection coating does the Vessel have:

Treatment system being used:

ABP Approved Company Number:

**Forward to:** Assistant Harbour Master (VTS), Associated British Ports, Ocean Gate, Atlantic Way, Southampton, SO14 3QN

**Telephone:** 02380 608208 (Southampton VTS – 24 hours), **Email:** SouthamptonVTS@abports.co.uk

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| Permission Granted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ABP Authorised Person)  Date:\_\_\_\_\_\_\_\_\_\_\_\_ Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Permission Refused:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (ABP Authorised Person)  Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |