



BERTH APPLICATION _____

Date Filed: _____

PORT OF DAVISVILLE
95 CRIPE STREET
NORTH KINGSTOWN, RI 02852
TELEPHONE: (401) 294-2639 FAX: (401) 294-2632

VESSEL: _____

ETA: _____
(date) (time)

ETD: _____
(date) (time)

HOURS AT DOCK: _____

CARGO: _____

L.O.A.: _____

DRAFT: _____

REQUESTING PIER #: _____

UTILITIES REQUIRED:

(fuel)

(water)

(other)

(other)

OFF LOADING SERVICES: _____

AGENT: _____

FOR: _____

**PLEASE NOTE: A CURRENT CERTIFICATE OF INSURANCE
MUST ACCOMPANY THIS BERTH APPLICATION**

Also please attach CREW LIST