

NITE: In or Shift/Sail

Port Freeport
Attn: Al Durel, Director of Operations
Fax: 979-233-1287

DATE

Ref:
VESSEL NAME:
ETA:
DOCK:

Mr. Durel:

We are requesting a one-time waiver to the Basic Operating Procedures for the above referenced vessel to transit Freeport Ship Channel during night conditions shifting from ____ (dock) to _____ (dock) or sailing during night conditions from _____ (dock).

The following are vessel specifications:

Dead Weight:
Gross Weight:
Net Weight:
LOA:
LBP:
Ex. Beam:
Fresh Water Draft:

We appreciate your consideration of this request.

Agent Signature

Company Name

Phone/Fax #'s

Cc: Brazos Pilots Association (Fax 979-233-7071)