**APPLICATION FOR FACILITY USE - KWINANA BULK JETTY**

This application must be completed and submitted to Fremantle Ports (to KBJShipping@fremantleports.com.au) 7 days before the commencement of facility use by the cargo owner or their authorised delegate.

Through submitting this application the applicant agrees to uphold and comply with the facility’s Plans, Standards and Procedures. Copies are available from Fremantle Ports on request.

|  |
| --- |
| 1. Applicant’s details (all information must be completed; please mark N/A if not applicable)
 |
| Company |  | Contact person |  |
| Email |  | Phone |  |
| Applicant’s capacity |  [ ]  Cargo owner [ ]  Agent  |
| 1. Berth operator’s details
 |
| (Details of the berth operator acting on behalf of the applicant; if the applicant is the berth operator mark N/A) |
| Company |  | Contact person |  |
| Email |  | Mobile phone |  |
| 1. Agent
 |
| (Details of the agent acting on behalf of the applicant; if the applicant is the agent mark N/A)) |
| Company |  | Contact person |  |
| Email |  | Mobile phone |  |
| 1. Vessel
 |
| Vessel name |  | Visit number |  |
| LOA |  | Stern to bridge |  |
| ETA |  | Duration Alongside |  |
| Special considerations | Details of any receiving or loading issues: DUKC restrictions, berthing restrictions, vessel post cleaning requirements, quarantine or customs restrictions) |
|  |
|  |
| 1. Berth
 |
| Preferred berth | [ ]  KBB3[ ]  KBB4 | Reason (if any)  |  |
|  |
| 1. Cargo
 |
| Cargo Type |  | Cargo Quantity (Mt) |  |
| Quarantine Level |  | Dangerous goods classification |  |
| MSDS Attached | [ ]  Yes |  |  |
| 1. Equipment
 |
| Discharge / Loading Method |  |
| (Siwertell, KBS Hoppers, Qube Hoppers, Skip Bins, Common User Pipeline, etc.)  |
| Pre-ship requirements |  |
| Post-ship requirements |  |
| 1. Transport
 |
| Company |  | Contact person |  |
| Email |  | Mobile phone |  |
| Will the facility’s weighbridge be required for use? | [ ]  Yes [ ]  No |
| 1. Cleaning
 |
| (Details of who will be undertaking post-vessel cleaning of the facility on behalf of the applicant) |
| Company |  | Contact person |  |
| Email |  | Mobile phone |  |
| 1. Waste
 |
| (Details of who will be transporting / removing any waste generated from wash water or contaminated stormwater) |
| Company |  | Contact person |  |
| Email |  | Mobile phone |  |
| Will the waste be transported on public roads?  | [ ]  Yes [ ]  No | If “Yes” Please provide Transporters controlled waste Licence # |  |
| 1. Comments
 |
|  |
| Name |  | Date |  |  |  |