

# ANNEX A

## SECTOR HOUSTON-GALVESTON DECLARATION OF INTENT TO REMAIN IN PORT

\*\*\*This information is required for all self-propelled vessels over 500GT and integrated tug and barges (ITB) requesting to Remain in Port during a hurricane.

PORT OF: \_\_\_\_\_ STORM: \_\_\_\_\_ DATE: \_\_\_\_\_

### VESSEL INFORMATION

Vessel Name: \_\_\_\_\_ Official Number: \_\_\_\_\_ Call Sign: \_\_\_\_\_ Flag: \_\_\_\_\_  
Current Berth: \_\_\_\_\_  
Vessel Type: \_\_\_\_\_ Length: \_\_\_\_\_ Breadth: \_\_\_\_\_ GT: \_\_\_\_\_ HP: \_\_\_\_\_ Single/Twin Screws: \_\_\_\_\_  
No & Type of Main Propulsion: \_\_\_\_\_ No & Type of Auxiliary Propulsion: \_\_\_\_\_  
Bunkers- Fuel/Lube Oil/Diesel on board: \_\_\_\_\_  
Ballast Capacity: \_\_\_\_\_ Ballasted Draft: \_\_\_\_\_ Storm Draft: \_\_\_\_\_ Storm Air Draft: \_\_\_\_\_  
Master Name and 24-hour vessel Phone Number: \_\_\_\_\_  
Owner Name/Address/Phone Number: \_\_\_\_\_  
Agent Name/Address/Phone Number: \_\_\_\_\_  
Charter Name/Address/Phone Number: \_\_\_\_\_

Reason why the vessel cannot leave/depart port: \_\_\_\_\_

Names and qualifications of persons to remain onboard (attach crew list or include on a separate piece of paper).  
Operational Status (Full/Partial/Not): Main Propulsion: \_\_\_\_\_ Auxiliary Propulsion: \_\_\_\_\_ Main Generator(s): \_\_\_\_\_  
Anchors/Windlasses: \_\_\_\_\_ Bilge Pumps: \_\_\_\_\_ Fire Fighting Pumps: \_\_\_\_\_ Steering System: \_\_\_\_\_ Navigation System: \_\_\_\_\_  
If Not FULL, explain why: \_\_\_\_\_  
Any unusual conditions affecting vessel's seaworthiness? If YES, explain: \_\_\_\_\_

### FACILITY/BERTH INFORMATION

**It is incumbent upon the vessel's master/owner to make all appropriate arrangements/permissions for berthing, mooring or anchoring including, tug assistance before seeking COTP permission to remain in port.**

**\*\*A DIAGRAM showing mooring arrangements is required as part of this checklist. Be sure to show the number and sizes of mooring lines or cables, fender configuration, and facility characteristics\*\***

Intended Facility/Berth Location: \_\_\_\_\_ Water Depth at Berth (MLW): \_\_\_\_\_  
Facility Operations Manager Name/Phone Number: \_\_\_\_\_  
Facility Security Officer Name/Phone Number: \_\_\_\_\_

### POLLUTION/SALVAGE INFORMATION

**In the event the vessel spills any oil or hazardous materials, or poses a threat of spilling such materials, arrangements are required to provide for rapid response to mitigate the spill and remove the pollutant from the environment. If the vessel is partially or completely sunk in or near a navigable channel, or becomes a hazard to navigation, rapid removal of the vessel from the waterway is necessary. As such the following MUST be provided:**

- 1) **FULL STOWAGE PLAN and CARGO MANIFEST**, 2) **FULL VESSEL CHARACTERISTICS**, 3) **FULL INSURANCE DISCLOSURE**, 4) OSRO Name/24-hour Phone Number: \_\_\_\_\_
- 5) Qualified Individual Name/24-hour Phone Number: \_\_\_\_\_
- 6) Salvor's Name/24-hour Phone Number: \_\_\_\_\_

\*Much of this information may be found in the required Vessel Response Plan or Non tank Vessel Response Plan\*

**\*SUBMIT THIS FORM TO SECTOR HOUSTON-GALVESTON at: [houstonpsc@uscg.mil](mailto:houstonpsc@uscg.mil).**

**An acceptance letter signed by the Captain of the Port will be returned to you once all requisite information is received and reviewed.**

### FOR COAST GUARD USE ONLY

Reviewer: \_\_\_\_\_ Reviewed Date: \_\_\_\_\_ Requisite information not received: \_\_\_\_\_  
Acceptance letter drafted/signed/delivered