

COMMONWEALTH PORTS AUTHORITY

Port Of Rota Office • P.O. Box 561 • Rota, MP 96951
Telephone: (670) 532-9489/97 • Fax: (670) 532-9489/99
E-mail Address: cparota@pticom.com or rotaseaport@yahoo.com

READY FOR SEA

USS-M/V-M/T-M/S-M/B-P/S-S/B-F/B-F/V: _____
Name of Master: _____ Make (Build) _____
Vessel Registered Gross Tonnage: _____, LOA: _____ Ft., Draught FWD: _____, Draught AFT: _____
Crew Including Master: _____, Call Sign: _____
Passengers: _____ (Transit) _____, (Disembarked) _____, (Embarking) _____
Last Port: _____ Bound For: _____
E.T.A. Rota: _____ Voy. No. _____ E.T.D. Rota: _____ Voy. No. _____
Type of Cargo on Board: _____ Discharging: _____ Loading: _____
Cargo Discharge Revenue Tons: _____ Cargo Loaded Revenue Tons: _____
Fresh Water on Board: _____ Fresh Water Required: _____

Date: _____
Time: _____

Agent/Company Name: _____
Address: _____
Telephone No: _____

Prepared By: _____
Master/Agent

Note: Please fill in the above required information and submit form to the Rota Ports Manager's Office or Rota Seaport Office Seventy-Two (72) hours before the day of your Vessel's ETA or ETD, or as soon as thereafter possible. For your convenience, you may fax this form to our fax number above provided. **This requirement applies to all vessels regardless of origin or destination**

(For CPA Use Only)

Date Received: _____
Time Received: _____
Received By: _____

Instruction/Messages:

Port Charges Calculation:

Dockage Fee: _____ \$
Entry Fee: From: _____ \$
Water Service Fee: _____ \$
Special Service Fee: (\$40.00 Inbound or Outbound) _____ \$
Others: _____ \$
TOTAL AMOUNT DUE: _____ \$

Rota Port Charges (RPC) Invoice Number: _____
Payment Type: Cash Check # _____
CPA Original Receipt Number: _____

	Full Name of Crew	Date of Birth (MM/DD/YY)	Nationality
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