



**United States Coast Guard**  
 Inland Rivers Vessel Movement Center  
 CDC reporting form

(866) 442-6089 phone

(866) 442-6107 fax

[irvmc@cgstl.uscg.mil](mailto:irvmc@cgstl.uscg.mil)

[www.uscg.mil/d8/divs/m/irvmc.htm](http://www.uscg.mil/d8/divs/m/irvmc.htm)

Towing Vessel Operators										
M/V Name			M/V Phone number			M/V Fax number		E-mail		
M/V Company Name			24 HR Contact number			Fax number		E-mail		
Barge Name			VIN	Owner		24 HR Contact number				
CDC			Quantity			Type <input checked="" type="checkbox"/>				
						Bulk <input type="checkbox"/>	Packaged <input type="checkbox"/>	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	
Origination Point River	MM	Date	Estimated time of departure	Direction <input checked="" type="checkbox"/>		Destination River	Destination MM	Fleet/Facility Name	ETA Destination	
				Up <input type="checkbox"/>	Down <input type="checkbox"/>					
Reporting Point River	MM	Date	Time	Next reporting Point River		MM	ETA next reporting point			
Current Status <input checked="" type="checkbox"/>										
Loading <input type="checkbox"/>		Discharging <input type="checkbox"/>		In Transit <input type="checkbox"/>		Docked <input type="checkbox"/>		Picking up <input type="checkbox"/>		Dropping to fleet <input type="checkbox"/>
Future Status <input checked="" type="checkbox"/>										
Loading <input type="checkbox"/>		Discharging <input type="checkbox"/>		In Transit <input type="checkbox"/>		Docked <input type="checkbox"/>		Picking up <input type="checkbox"/>		Dropping to fleet <input type="checkbox"/>

Fleeting Area Managers									
Company Name _____					24hr Contact Number _____				
Barge name	VIN	CDC	Loaded/Empty <input checked="" type="checkbox"/>		Amount	River	MM	Fleet <input checked="" type="checkbox"/>	Facility <input checked="" type="checkbox"/>