MARINE SAFETY UNIT GALVESTON
NAVIGATION EQUIPMENT
DEVIATION REQUEST

MSU GALVESTON: **Phone (409) 766-5422**
Fax (409) 766-5416

Date and Time of Request: _____

Type of Request: ☐ **INBOUND Deviation** ☐ **OUTBOUND Deviation**
(MSU CO Approval Only)

Vessel Name: _____ **Official Number:** _____

Vessel Type: _____ **Cargo:** _____

Gross Tonnage: _____ **Flag:** _____ **Berth:** _____

Last Port of Call: _____ **Next Port of Call:** _____

ETA (dd/mm/yy): _____ **ETD (dd/mm/yy):** _____

Agency Name: _____ **POC:** _____

Address: _____ **Phone:** _____

_____ **Fax:** _____

_____

Reason For Deviation Request:

- ❑ Primary Marine Radar System
- ❑ Secondary Marine Radar System
- ❑ Echo Depth Sound Device
- ❑ Gyro Compass (and/or repeater)
- ❑ Marine Radio
- ❑ Two operable Anchors
- ❑ Electronic Position Fixing Devices
- ❑ Speed and Distance Indicator Devices
- ❑ Automatic Radar Plotting Aid (ARPA)
- ❑ Rudder Angle Indicator
- ❑ Other (Specify): _____

Details: _____

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