



FOUR~HOUR ADVANCE NOTIFICATION TRANSFER FORM

NAME OF COMPANY

PHONE NUMBER OF COMPANY- (985) XXX-XXXX ext: xxx

START DATE / TIME

ESTIMATED END DATE / TIME

AMOUNT BEING TRANSFERRED (GALLONS)

NAME OF PRODUCT:

VESSEL NAME:

TRUCK or VSL Official NUMBER (if known)

Name of PERSON IN CHARGE

LOCATION

YARD or Dock Number

NAME OF PERSON CALLING IN TRANSFER

COAST GUARD PERSON YOU TALKED TO

Ref: 33 CFR 156.118 / Incorporated By COTP MSO

Morgan City, since 9/ 11/ 01

“Professionals on the Leading Edge of Marine Safety”