

**MSU LAKE CHARLES DEAD SHIP TOW APPLICATION**

*RESTRICTIONS FOR DEAD SHIP TOW: DAYLIGHT TRANSIT; WINDS LESS THAN 15 KTS; MINIMUM OF THREE MILES VISIBILITY.*

- 1. **NAME OF VESSEL:** \_\_\_\_\_ **OFFICIAL NO.** \_\_\_\_\_
- 2. **TRANSIT FROM:** \_\_\_\_\_ **TRANSIT TO:** \_\_\_\_\_
- 3. **IF GOING TO ANOTHER COTP ZONE: HAS APPROVAL BEEN GRANTED FROM THEM?**  
YES / NO      P.O.C. \_\_\_\_\_
- 4. **COMMENCING:** \_\_\_\_\_(TIME) \_\_\_\_\_(DATE) (departing dock or at sea buoy)
- 5. **ENDING:** \_\_\_\_\_(TIME) \_\_\_\_\_(DATE) (arriving at dock or at sea buoy)

***SUBJECT TO DAYLIGHT TRANSIT ONLY***

- 6. **INTENDED TRACKLINE OF TRANSIT** (waterways affected): \_\_\_\_\_  
\_\_\_\_\_

- 7. **VESSEL SPECIFICATIONS: DIMENSIONS:** \_\_\_\_\_ (L) X \_\_\_\_\_ (W)  
**DRAFT: FORE:** \_\_\_\_\_ **AFT:** \_\_\_\_\_ **PORT:** \_\_\_\_\_ **STBD:** \_\_\_\_\_ (FT)  
**TRIM:** \_\_\_\_\_ (FT) **GROSS TONS:** \_\_\_\_\_

- 8. **AMOUNT / TYPE / LOCATION OF ALL OIL PRODUCTS ON BOARD:**  
\_\_\_\_\_

- 9. **VESSEL RESPONSE PLAN AVAILABLE? (IF APPLICABLE) YES / NO**

- 10. **AMOUNT / TYPE / LOCATION OF ALL FREIGHT ON BOARD:**  
\_\_\_\_\_

- 11. **CERTIFICATE OF FINANCIAL RESPONSIBILITY AVAILABLE? (IF APPLICABLE) YES / NO**

- 12. **TOW INFO:** \_\_\_\_\_ **HP:** \_\_\_\_\_ (LEAD TUG) **VHF-FM** \_\_\_\_\_ **OR** \_\_\_\_\_  
\_\_\_\_\_ **HP:** \_\_\_\_\_  
\_\_\_\_\_ **HP:** \_\_\_\_\_  
\_\_\_\_\_ **HP:** \_\_\_\_\_

**EXPECTED SPEED OF TRANSIT:** \_\_\_\_\_

- 13. **PILOTS NOTIFIED: YES / NO**      **AT LEAST ONE PILOT ON BOARD: YES / NO**  
IF YES WHO / WHEN: \_\_\_\_\_

- 14. **IS A COAST GUARD INSPECTION NEEDED PRIOR TO DEPARTING/ENTERING PORT? YES / NO**

- 15. **HAS AN INSPECTION BEEN CONDUCTED BY AN UNDERWRITER OR REPUTABLE SURVEYOR FOR TOWING PREPARATIONS: YES / NO**

- 16. **INTENTIONS FOR STEERING GEAR, MAIN SHAFT LOCKING ARRANGEMENTS AND WATER TIGHT INTEGRITY:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 17. **POINT OF CONTACT:** \_\_\_\_\_ (NAME OF INDIVIDUAL)  
\_\_\_\_\_ (COMPANY NAME)  
\_\_\_\_\_ (24HR PHONE NUMBER)

I \_\_\_\_\_ (accountable person for dead ship) have made notifications to COTP zone(s) in which I will be transiting and all involved parties. Also, I agree that I will notify MSU Lake Charles prior to deviating from this plan.

\_\_\_\_\_  
Signature

*THIS APPLICATION MUST BE SUBMITTED AT LEAST FOUR (4) DAYS IN ADVANCE OF THE TRANSIT AND MUST BE RECEIVED AT THIS OFFICE BETWEEN 0700-1530 (MON-THU) AND 0700-1500 ON FRIDAY. ANY DEVIATION FROM THIS REQUIRMENT MAY DELAY THE TRANSIT.*

**MSU Lake Charles  
Dead Ship Movement Response**

RE: Vessel: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Date of Movement: \_\_\_\_\_

Load Line Certificate       Load Line Exemption      Date: \_\_\_\_\_

ACCEPTABLE PLAN       NOT ACCEPTABLE      PERMIT NO. \_\_\_\_\_

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**ANY DEVIATION FROM THE TIMES OR LOCATIONS SPECIFIED IN THIS APPLICATION  
MUST BE REPORTED TO MSU Lake Charles.**

MAIN (337) 491-7800

CDO at (337) 912-0073

**This application is for the Port Arthur Captain of the Port zone  
only. You should notify Captain of the Port zones of your  
destination port. We will provide point of contact information  
for other COTP Zones upon request.**