



REPUBLIC OF CROATIA
Ministry of the Sea, Transport and Infrastructure

Redni broj
obrasca

NOTICE OF ARRIVAL

1. Vessel Details

Vessel Name		Call Sign	IMO Number	MMSI	Flag	
					Port of Registry	
Owner		Charterer/Operator		Classification Society		
Year of Build	Gross Tonnage	Deadweight	Type of Ship	Last Port and Country		
				Port: _____		
				Country: _____		
Nett Tonnage	Summer Displacement	Lenght Over All	Beam	Draft On Arrival		Summer Draft
				Fore	Aft	
* Bunker Convention / Insurance for Bunker Pollution			DATE	ISSUED	EXPIRE	
Issuing Authority						
* International Anti-fouling System Certificate			DATE	ISSUED	EXPIRE	
Issuing Authority						
* Wreck Removal Insurance / Financial Security			DATE	ISSUED	EXPIRE	
Issuing Authority						
Vessels Agent						

Last Port State Control - Place and Date (According to Paris MOU Report)

Master's Name

2. Arrival / Departure Details

Port of Arrival		ETA (date&time)		Next port	
				Next Country	
Number of Crew		Number of Passengers		ETD(date &time)	

3. Cargo Details

General Description of Cargo for Discharge		Cargo Weight	Dangerous Cargo on Board		
General Description of Cargo for Loading		Cargo Weight			

4. International Ship Security Certificate - ISPS Code

Issuing Authority	Certificate Expiry Date	Security Level	Ship Security Officer		

5. Ballast Water Details

Ballast Management Plan on Board (State Yes or No)	Management Plan Implemented (State Yes or No)	Any Ballast for Discharge	

6. Notes

To Be Filled By HMO

Received By	Name:	Date:	Time:

***WARNING: If Bunker Convention Insurance, Anti-fouling System Certificate, CLC Certificate and Wreck Removal Insurance are Not Available on Board, Entry in Croatian Territorial Waters will be DENIED**

***WARNING: COPY OF CERTIFICATES MUST BE SUBMITTED WITH PREARRIVAL NOTICE**



IMDG REPORTING FORM - DCRForm

1. VESSEL INFORMATION					2. VOYAGE INFORMATION					
Vessel Name:					Arrival Port:					
IMO Number:			Year of build		ETA (date&time):					
Flag:		Port Of Registry:			Last Port:					
Owner:					Last Country:					
Type*:			Call Sign:		Next Port:					
DWT:		GT:	MMSI:		Next Country:					
*Type codes:		bulk(BC), ro-ro(RR), container(CS), oil tanker(OT), chemical tanker(CT), passenger(PA), oil/bulk ore(OB), general cargo(GC), reefer(RF), other(O)								
3. CARGO OPERATIONS:		Cargo to be loaded (Type/MT):						MT		
		Cargo to be discharged (Type/MT):						MT		
4. IMDG CARGO DETAILS:										
IMDG CARGO FOR DISCHARGING			IMDG CARGO IN TRANSIT			IMDG CARGO FOR LOADING			TOTAL WEIGHT	
CLASS	WEIGHT	UNITS	CLASS	WEIGHT	UNITS	CLASS	WEIGHT	UNITS		
1			1			1				
2			2			2				
2.1			2.1			2.1				
2.2			2.2			2.2				
2.3			2.3			2.3				
3			3			3				
4.1			4.1			4.1				
4.2			4.2			4.2				
4.3			4.3			4.3				
5.1			5.1			5.1				
5.2			5.2			5.2				
6.1			6.1			6.1				
6.2			6.2			6.2				
7			7			7				
8			8			8				
9			9			9				
							IMDG CARGO TOTAL WEIGHT:			
5. RESPONSIBLE OFFICER'S NAME (Printed and signature):										



BALLAST WATER REPORTING FORM

1. VESSEL INFORMATION				2. VOYAGE INFORMATION		3. BALLAST WATER USAGE AND CAPACITY	
Vessel Name:				Arrival Port:			
IMO Number:				ETA (date&time):			
Owner:				Agent:			
Type*:				Last Port:		Last Country:	
DWT:		GT:				Ballast Water Pump(s) Max Capacity (m³/h)	
Flag:				Next Port:		Next Country:	
Call Sign:						TPC on Arrival Draft (mt/cm)	
						TPC on Summer Draft (mt/cm)	

*Type codes: bulk(BC), roro(RR), container(CS), oil tanker(OT), chemical tanker(CT), passenger(PA), oil/bulk ore(OB), general cargo(GC), reefer(RF), other(O)

4. CARGO OPERATIONS:	Total Cargo(Type/MT) to be Loaded			to be Discharged		
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5. Ballast Water Management:	Total No. Ballast Water Tanks to be Discharged		
Of tanks to be discharged, how many:	Underwent exchange:		Underwent Alternative Management:

Please specify alternative method(s) used, if any:

If no ballast treatment conducted, state reason why not:

Ballast management plan on board:	YES	NO	Management plan implemented:	YES	NO
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6. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival; IF NONE GO TO #7 (use additional sheets as needed)

Tank/Holds List multiple source tanks separately	BW SOURCES				BW MANAGEMENT PRACTICES						BW DISCHARGES			
	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Temp (units)	Date dd/mm/yy	End Point Lat/Long	VOLUME (units)	% Exch	Method (ER/FT/ALT)	Sea HT (m)	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Salinity (units)

Ballast Water Tank Codes: Forepeak = FP, Afterpeak = AP, Double Bottom = DB, Wing Tank = WT, Topside = TS, Cargo Hold = CH, Other = O

7. RESPONSIBLE OFFICER'S NAME (Printed and signature):	
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NOTIFICATION OF SHIP - GENERATED WASTE

(As per Article 6. of Directive 2000/59/EC as amended)

Information to be sent to Harbour Master Office 48 hours before arrival in any Croatian port

Vessel Name:		IMO Number	
GT	Port of Registry:	Flag:	
Call Sign:	AGENT:		
Arrival Port:	ETA (date&time):		
Last port:	Last Country:		
Last port and date when ship-generated waste was delivered:			
ETD:	Next Port:	Next Country:	

Are you delivering: **ALL** **SOME** **NONE**
of your waste into port reception facilities¹ ?

Please advise if: Oil Incinerator Rate/Hour: and/or

Garbage Incinerator Rate/Hour:

are installed / operational.

Type and amount of waste and residues to be delivered and / or remaining on board, and percentage of maximum storage capacity:

If delivering all waste, complete second column as appropriate.

If delivering some or no waste, complete all columns.

¹ Tick appropriate box

TYPE	WASTE TO BE DELIVERED (m ³)	MAXIMUM DEDICATED STORAGE CAPACITY (m ³)	AMOUNT OF WASTE RETAINED ON BOARD (m ³)	PORT AT WHICH REMAINING WASTE WILL BE DELIVERED	ESTIMATED AMOUNT OF WASTE TO BE GENERATED BETWEEN NOTIFICATION AND NEXT PORT OF CALL (m ³)
1. WASTE OILS					
Sludge					
Bilge water					
Other (Specify)					
2. GARBAGE					
Food waste					
Plastic					
Other					
3. Sewage					
4. Cargo associated waste (¹) (specify)					
5. Cargo Residues (¹) (specify)					

(¹) May be estimates

1. This information may be used for Port State Control and other inspection purposes
2. To be delivered to the Harbourmasters Office and Port Authority
3. This form is to be completed unless the ship is covered by an exemption in accordance with Article 9. of Directive 2000/59/EC

I confirm that above details are accurate and correct and there is sufficient dedicated on board capacity to store all waste generated between notification and next port at which waste will be delivered.

DATE:		TIME:	
SIGNATURE			



ISPS CODE Arrival notification

The following report is required for all ships to which **ISPS Code** applies and which intend to enter at any Croatian port

In accordance with "Zakon o sigurnosnoj zaštiti pomorskih brodova i luka", Official Gazette 124/2009, SOLAS '74 Chapter XI-2 Convention and International Ship and Port Facilities Security Code	<u>48 Hours Advance Notice of Arrival</u> NOTIFICATION NUMBER: <input type="text"/> <i>To be filled by Harbour Master's Office</i>
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1.	<i>Vessel's name</i>				
2.	<i>Flag</i>				
3.	<i>IMO Number</i>				
4.	<i>MMSI</i>				
5.	<i>Ship's position and reporting time</i>				
6.	<i>Port of arrival and ETA (date&time)</i>				
7.	<i>ISSC Expiry date, issuing Authority</i>				
8.	<i>Ship's security level</i>				
9.	<i>Last ten POC and port's security level</i>	1.		SL	
		2.		SL	
		3.		SL	
		4.		SL	
		5.		SL	
		6.		SL	
		7.		SL	
		8.		SL	
		9.		SL	
		10.		SL	
10.	<i>Any special measures taken in last ten POC</i>				

Notice must be sent through ship's agent or directly to Harbour Master's Office and Port Authorities

Denial of entry into Croatian waters and ports will apply to any vessel failed to send required ISPS ARRIVAL NOTIFICATION and/or to any vessel failed to comply with requirements of "Zakon o sigurnosnoj zaštiti pomorskih brodova i luka", Official Gazette 124/2009, SOLAS'74 Convention and International Ship and Port Facilities Security Code



DANGEROUS GOODS MANIFEST

(As required by SOLAS 74, chapter VII, regulation 4.5 and 7-2.2, MARPOL 73/78, annex III, regulation 4(3) and chapter 5.4, paragraph 5.4.3.1 of the IMDG Code)

1. VESSEL INFORMATION						2. VOYAGE INFORMATION				
Vessel Name:						Arrival Port:				
IMO Number:		Year of Build				ETA (date&time):				
Flag:		Port of Registry:				ETD (date&time):				
Type *:		Call Sign:				Next Port:				
Master's Name:								Next Country:		
Agent:										

BOOKING/ REFERENCE NUMBER	MARKS & NUMBERS CONTAINER ID. NO(S). VEHICLE REG. NO(S).	NUMBER AND KIND OF PACKAGES	PROPER SHIPPING NAME	CLASS	UN NUMBER	PACKING GROUP	SUBSIDIARY RISK(S)	FLASH POINT (IN °C)	MARINE POLLUTANT	MASS (kg) GROSS/NET	EmS	STOWAGE POSITION ON BOARD
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		
										G		
										N		

Master's Signature:	
Place and Date:	



NOTICE OF ARRIVAL FOR MANDATORY EXPANDED INSPECTION

- Applies to**
1. all ships with HRS profile
 2. bulk carriers over 12 years of age eligible for an Expanded Inspection
 3. passenger ship older than 12 years eligible for an Expanded Inspection
 4. chemical tanker, gas carrier, oil tanker older than 12 years eligible for an Expanded Inspection

VESSEL NAME:		FLAG:	
IMO number:		Deadweight tonnage:	
Date keel laid (on ships certificate)		Ship type (see above)	
MMSI		Call sign	
Vessels Agent			

FOR TANKERS

Configuration of hull		single hull / single hull SBT / double hull
condition of	cargo tanks	full / empty / inerted
	and ballast	full / empty / inerted
Volume and Nature of Cargo	Volume (MT)	Nature (type) of Cargo

Port of Destination		Berth*	
ETA <small>date&time</small>		ETD <small>date&time</small>	Planned duration of call
Planned operations		loading / unloading / other	
Planned statutory surveys / Substantial maintenance & repair work			

From		ship master / agent / operator	
Date of last Expanded Inspection in Paris MoU			
Contact			
Tel			
Fax			
E-mail			
Date		Time	

* additional helpful information for the Port State to prepare for the inspection