1. **Vessel Name**: IMO No

LOA Beam

Gross Tonnage: ETA Aberdeen:

Ships email & Tel no

2. **Masters Name:**

Pilot Req Choose an item. Masters PEC no:

Number of previous visits to Aberdeen Harbour as Master:

Persons on Board: Dangerous/Polluting Goods: Choose an item.

1. **Manoeuvring Details:**

Forward Draught: Aft Draught:

No. of Propellers: Type

Rudder Type:

**Bowthruster** Choose an item. Operational Choose an item.

Power:

1. **Defects:** Choose an item.

List any reportable defects:

1. **Additional Information:**

Passage Plan berth to berth: Choose an item. CERS form sentChoose an item.

AHB Pre Arrival Form Sent: Choose an item.

Vessel Charterers:

1. **Medicial declaration**

Have you sent a Maritime Declaration of Health sent to Port Health Authority Choose an item.

**Vessels sending MDH**  must send their MDH to [porthealthaberdeen@aberdeencity.gov.uk](mailto:porthealthaberdeen@aberdeencity.gov.uk)

1. **Communication with Aberdeen Harbour**

E-Mail [vts@aberdeen-harbour.co.uk](mailto:vts@aberdeen-harbour.co.uk)

VHF 16 & 12,

Telephone 01224 597000 ask for VTS