



## COMMONWEALTH PORTS AUTHORITY

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## **FLOAT PLAN**

## MUST BE SUBMITTED 72 HOURS BEFORE ARRIVAL/DEPARTURE

	DESCRIPTION OF	VESSEL OR BOAT	Γ	
	Nama	of Owner/Contain:		
Name of Vessel:	Name Length: ft. Beam:	of Owner/Captain:	ft Gross Tonnago:	
Make:	Registration No:	Color:	Fingine Tv	ne:
man.	Nogistration 110.	00.01.		
	TRIP DE	ETAILS		
Estimate Date & Time o	f Departure:			a.m./p.n
	(Point of Origin)	(Da	ite)	(Time)
Return Not Late	er Than:	a.m/p.	m	
return rest but	(Date)	(Time)		
Estimata Data & Tima a	f Assistal.			2 m /n m
Estimate Date & Time o	f Arrival:(Point of Destination)	(Date)	(Tim	<u>a.m./p.m.</u>
	(1 only of Dostmation)	(Bate)	(1111)	· )
No Later Than:		a.m./p.m.		
	(Date) (Time)			
Deint E	full Name (Captain & Crews or Passengers)	Data of	Birth (M/D/Y)	Nationality
01.	un Name (Capitatii & Crews or Passengers)	Date of	DITTH ( IVI / D / T )	Nationanty
02.				
03.				
04.				
05.				
06.				
07.	100			
08.				
10.				
11.				
12.				
13.				
14.				
NCASE OF EMEDICE	NCY (Person to Contact): Full Name:			
NCASE OF EMERGE				
	11001			
	Telephone No:			
Prepared By: (Print Fu	ll Name & Sign) (Date)			
***********	11 Name & Sign)	*********	******	******
CPA ROTA Use Only:				
	Received By:			
	Print Full Name & S	Sign	Date	
Сору То:	CNMI Customs CNMI C	Quarantine	Customs Border P	rotection (CBP)
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