



# VESSEL CHARACTERISTICS FORM

Enclosure 2 – Vessel Information

**PLEASE COMPLETE THIS ENCLOSURE FOR EACH VESSEL AND RETURN IT WITH ENCLOSURE 1 AND THE REQUIRED CERTIFICATES, DOCUMENTATION AND DIAGRAMS TO:**

[vesselservices@wittobriens.com](mailto:vesselservices@wittobriens.com)

*Do NOT write by hand, this is an adobe fillable form and should be completed electronically.*

<b>Next US Port:</b>		<b>Vessel ETA:</b>	
<b>Vessel Name:</b>		<b>Ex-Name(s):</b>	
<b>IMO Number:</b>	<b>Official Number:</b>	<b>Call Sign:</b>	
<b>Inmarsat Numbers</b> (A, B, C, other):  <i>Please identify each one separately in the space provided</i>			
<b>Cell Phone (GSM):</b>			
<b>Vessel's Email:</b>			
<b>Flag:</b>		<b>Port of Registry:</b>	
<b>Hull Type – Per OPA 90 / IMO Definition</b> <i>(check as appropriate):</i>  Double Hull per OPA 90 <input type="checkbox"/> Single Hull: Single Bottom / Single Sides <input type="checkbox"/> Single Bottom / Double Sides <input type="checkbox"/> Double Bottom / Single Sides <input type="checkbox"/>			
<b>Vessel Type – choose the one that <i>best</i> describes your vessel below:</b>			
<b>Tank Vessels – carries OPA 90 Cargo</b>		<b>Nontank Vessels – does <i>not</i> carry OPA 90 Cargo</b>	
Oil Tanker <input type="checkbox"/> Product Tanker <input type="checkbox"/> Chemical Carrier <input type="checkbox"/> OBO <input type="checkbox"/> FPSO <input type="checkbox"/> Tank Barge <input type="checkbox"/> _____	Containership <input type="checkbox"/> Dry Bulk Carrier <input type="checkbox"/> RO/RO <input type="checkbox"/> MODU <input type="checkbox"/> Offshore Supply vessel <input type="checkbox"/> Construction/Deck <input type="checkbox"/> Nontank Barge <input type="checkbox"/>	Fishing vessel <input type="checkbox"/> Research vessel <input type="checkbox"/> Passenger vessel <input type="checkbox"/> Cruise ship <input type="checkbox"/> Yacht <input type="checkbox"/> Gas Carrier <input type="checkbox"/>	_____
<b>Type(s) of Cargo Carried:</b>			
<input type="checkbox"/> OPA 90 Cargo		<input type="checkbox"/> Other: _____	
<i>This can be verified on the Certificate of Fitness or the Subchapter "O" Endorsement (SOE) from USCG, if applicable</i>			
<b>Year Built:</b>		<b>Builder:</b>	
<b>Length Overall:</b>		<b>Length B.P.:</b>	<b>Breadth MLD:</b>
<b>Depth:</b>		<b>Summer Draft:</b>	<b>Summer DWT:</b>
<b>Gross Tonnage:</b>		ITC <input type="checkbox"/> GRT <input type="checkbox"/>	<b>NRT:</b>

<b>Main Engine</b> (Make/Type):	<b>Service Speed:</b>				
<b>AFTER OFFICE HOURS (AOH) CONTACTS:</b> Please provide at least 3 Company Personnel contacts, along with their AOH telephone numbers, in the order they are to be contacted in an emergency.					
1.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><b>Name:</b></td> <td style="width: 50%; padding: 5px;"><b>Title:</b></td> </tr> <tr> <td style="padding: 5px;"><b>Mobile #:</b></td> <td style="padding: 5px;"><b>Home #:</b></td> </tr> </table>	<b>Name:</b>	<b>Title:</b>	<b>Mobile #:</b>	<b>Home #:</b>
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<b>Mobile #:</b>	<b>Home #:</b>				
<i>Attach additional pages or customized format as needed</i>					
<b>Registered Owner:</b>					
<b>Physical Address –</b>					
<input type="checkbox"/> Same as Plan Holder – Leave Blank					
<b>Primary Point of Contact:</b>	<b>Phone:</b>				
<b>Email:</b>	<b>Fax:</b>				
<b>H &amp; M Underwriter Name:</b>					
<b>Physical Address –</b>					
<div style="border: 1px solid black; height: 60px; width: 100%;"></div>					
<b>Phone:</b>	<b>Email:</b>				
<b>Classification Society:</b>					
<b>P&amp;I Club Name:</b>					
<b>Oil Spill Removal Organization (OSRO):</b> <i>Check as appropriate</i>	Marine Spill Response Corp. (MSRC) <input type="checkbox"/> National Response Corp. (NRC) <input type="checkbox"/> Other:				
<b>Damage Stability Provider:</b>					

**Identify the Emergency Lightering / Fuel Offloading / Salvage and Firefighting Service Provider to be listed in your plan** (check as appropriate):

- Ardent Americas LLC
- Donjon / SMIT
- Resolve Marine Group (RMG)
- T&T Salvage, LLC

Other:

*For TANK and NONTANK vessels, this is your **contracted** SMFF Resource Provider*

**REQUIRED VESSEL CERTIFICATES & DOCUMENTATION FOR PLAN DEVELOPMENT**

**ONE (1) set each, electronic file format, of vessel's (translated into English):**

a. **Capacity Plan Diagram** (This **MUST** include individual breakdown of tank capacity tables showing cargo, fuel, diesel, lube, fresh water and ballast water)

b. **General Arrangement Plan**

**NOTE:** Electronic Diagrams must be scanned at true size and saved as PDF files. If it is not possible to provide these diagrams electronically, please send legible full size paper copies and we can arrange to have diagrams scanned locally for USD 25 per diagram.

**VESSEL RESPONSE PLANS**

1. SMFF Contract & Funding Agreement
2. Pre-Fire Plan
3. Pre-Fire Plan Certificate  
*As applicable*

VRP One Time Waiver

1. SOPEP/SMPEP Approval Letter

*Applicable for both TANK and NONTANK vessels*

**CALIFORNIA VESSEL CONTINGENCY PLANS**

*To Receive Approval*

1. F&E Statement (electronic)
2. CA COFR in process (application submitted)
  - Agent for Service of Process, if any
  - CA COFR Applicant
  - Date of Submission

*Applicable for both TANK and NONTANK vessels*