



Form: HM-FS-001

PNG HARBOURS MANAGEMENT SERVICES
A Division of PNG Ports Corporation Limited

PERMIT APPLICATION FORM

- 1. Name of Applicant: _____
- 2. Business to be carried out: _____

- 3. Ports to operate: _____
- 4. Postal Address: _____
- 5. Contact Numbers: _____
- 6. Office Location: _____
- 7. Date to Commence: _____
- 8. Date to finish: _____

EXPERIENCE

- 1. Where did you operate Ferry Service in the last 10 years? _____

- 2. How old is the vessel? _____
- 3. How many years experience has the Master? _____
- 4. Was the vessel ever got involved in an accident before? _____
- 5. Was the master ever got involved in an accident before? _____

EQUIPMENT

- 1. Does the vessel have all appropriate safety equipment and apparatus on board? _____
- 2. Have you met all the NMSA requirements? _____

Name:

Signature:

Date

Company Seal