

PORT OF KALAMA, WASHINGTON, U.S.A.
380 West Marine Drive, Kalama, WA 98625 Fax:360-673-5017
APPLICATION FOR VESSEL BERTH RESERVATION
(See Notes and Conditions)

Reservation of a berth is requested at Port of Kalama

By: _____ Of: _____ On: _____
Authorized Individual Agency Firm Date

For: _____ Owner Of / Operated By: _____
Vessel Identification Firm

To Present On: _____ As Voyage No.: _____
Estimated Hour/Date

For Loading Of: _____ Quantity: _____
Description of Commodities / No. of Containers

For Discharge Of: _____ Quantity: _____
Description of Commodities / No. of Containers

To Depart On: _____ As Voyage No.: 02
Estimated Hour/Date

Vessel Length Overall: _____

NOTES and CONDITIONS

Application for reservation of vessel berth and vessel berthing is subject to Regulations, Rules and Terms of the Port of Kalama tariff and to the timely filing of the statement of Financial Responsibility provided and incorporated herewith as Supplement to this Application for Vessel Berth Reservation.

FOR PORT USE ONLY

Application Received By: _____ Time/Date: _____

Application Approved By: _____ Time/Date: _____

Berth Assigned: _____ Vessel ETA Confirmed: _____

Special Crane or Cargo Handling Equipment Required: _____

**PORT OF KALAMA
SUPPLEMENT TO APPLICATION FOR VESSEL BERTH RESERVATION**

Vessel: _____ LOA: _____ ETA: _____ ETD: _____

Vessel Owner / Line: _____

Vessel Charterer: _____

To Load: _____ To Discharge: _____
Commodity Type-Amount / # of Containers *Commodity Type-Amount / # of Containers*

Terms of Affreightment: _____ Terms of Affreightment: _____

Berth Desired: _____

Note: Separate submissions of this document are required when the vessel affreightment for part of the cargo differs from the terms of affreightment for any other part of the cargo.

| CATEGORY OF PORT CHARGES | PARTY RESPONSIBLE FOR PAYMENT | ESTIMATED DOLLAR AMOUNT | FOR PORT USE ONLY |
|--------------------------|-------------------------------|-------------------------|-------------------|
| 1 - Lines Services | | | |
| 2 - Dockage | | | |
| 3 - Wharfage | | | |
| 4 - Water | | | |
| 5 - Security | | | |
| 6 - MFSA | | | |
| 7 - Misc Services | | | |
| 8 - | | | |
| 9 - | | | |
| 10 - MFSA | | | |
| 11 - | | | |
| 12 - | | | |

Total Estimated Charges \$ _____

Pursuant to the instructions set forth in the Conditions of Berth Reservation, the undersigned hereby seeks the arrangement of berthing facilities on behalf of the above named vessel, and attests to the accuracy of the information provided to the extent set forth in Paragraph C of the Conditions of Berth Reservation.

Date: _____

Berthing Agent

By: _____

**PORT OF KALAMA
ACCEPTANCE OF FINANCIAL RESPONSIBILITY FOR PAYMENT**

In connection with the Application for Vessel Berth Reservation dated _____, 20____, the undersigned hereby accepts responsibility, in its own behalf, for payment of the Port charges listed under the line items as designated below which correspond with those designated in the Supplement to Application for Vessel Berth Reservation in a maximum amount not to exceed 125% of the aggregated estimated dollar amount shown above for the relevant line items, or 125% of such other sum as the Port, after review and revision of such estimates, has provided to the undersigned in writing, in which latter case a copy of such writing is physically attached hereto.

For Port Use Only

CATEGORY OF PORT CHARGES LINE ITEM(S) NO. _____

By: _____ By: _____
Name of Company *Authorized Signature*

CATEGORY OF PORT CHARGES LINE ITEM(S) NO. _____

By: _____ By: _____
Name of Company *Authorized Signature*

CATEGORY OF PORT CHARGES LINE ITEM(S) NO. _____

By: _____ By: _____
Name of Company *Authorized Signature*

CATEGORY OF PORT CHARGES LINE ITEM(S) NO. _____

By: _____ By: _____
Name of Company *Authorized Signature*

SEE CONDITIONS OF BERTH RESERVATION