



COMMONWEALTH PORTS AUTHORITY

Main Office: SAIPAN INTERNATIONAL AIRPORT
P.O. BOX 1055 • SAIPAN • MP 96950
Phone: (1-670) 664-3500/1 FAX: (1-670) 234-5962
E-Mail Address: cpa.admin@saipan.com

FLOAT PLAN

MUST BE SUBMITTED 72 HOURS BEFORE ARRIVAL/DEPARTURE

DESCRIPTION OF VESSEL OR BOAT

Name of Vessel: _____ Name of Owner/Captain: _____
Built: _____ Length: _____ ft. Beam: _____ ft. Draft: _____ ft. Gross Tonnage: _____
Make: _____ Registration No: _____ Color: _____ Engine Type: _____

TRIP DETAILS

Estimate Date & Time of Departure: _____ a.m./p.m.
(Point of Origin) (Date) (Time)

Return Not Later Than: _____ a.m./p.m.
(Date) (Time)

Estimate Date & Time of Arrival: _____ a.m./p.m.
(Point of Destination) (Date) (Time)

No Later Than: _____ a.m./p.m.
(Date) (Time)

	Print Full Name (Captain & Crews or Passengers)	Date of Birth (M / D / Y)	Nationality
01.			
02.			
03.			
04.			
05.			
06.			
07.			
08.			
09.			
10.			
11.			
12.			
13.			
14.			

INCASE OF EMERGENCY (Person to Contact): Full Name: _____
Address: _____
Telephone No: _____

Prepared By: (Print Full Name & Sign) _____ (Date) _____

CPA ROTA Use Only:

Received By: _____
Print Full Name & Sign Date

Copy To: _____ CNMI Customs _____ CNMI Quarantine _____ Customs Border Protection (CBP)

SAIPAN INTERNATIONAL AIRPORT/SEAPORT ROTA INTERNATIONAL AIRPORT/SEAPORT WEST TINIAN AIRPORT/SEAPORT
P.O. Box 1055, Saipan, MP 96950 P.O. Box 561, Rota, MP 96951 San Jose Village, Tinian, MP 96952

COMMONWEALTH PORTS AUTHORITY

B

Port Of Rota Office • P.O. Box 561 • Rota, MP 96951
Telephone: (670) 532-9489/97 • Fax: (670) 532-9469/99
E-mail Address: cparota@pticom.com or rotaseaport@yahoo.com

READY FOR SEA

USS-M/V-M/T-M/S-M/B-P/S-S/B-F/B: _____

Name of Master: _____ Make (Build) _____

Vessel Registered Gross Tonnage: _____, LOA: _____ Ft., Draught FWD: _____, Draught AFT: _____

Crew Including Master: _____, Call Sign: _____

Passenger: _____ (Transit) _____, (Disembarked) _____, (Embarking) _____

Last Port: _____ Bound For: _____

E.T.A. Rota: _____ Voy. No. _____ E.T.D. Rota: _____ Voy. No. _____

Type of Cargo on Board: _____ Discharging: _____ Loading: _____

Cargo Discharge Revenue Tons: _____ Cargo Loaded Revenue Tons: _____

Fresh Water on Board: _____ Fresh Water Required: _____

Date: _____

Agent/Company Name: _____

Time: _____

Address: _____

Prepared By: _____

Master/Agent

Note: Please fill in the above required information and submit form to the Rota Ports Manager's Office or Rota Seaport Office Seventy-Two (72) hours before the day of your Vessel's ETA or ETD, or as soon as thereafter possible. For your convenience, you may fax this form to our fax number above provided. **This requirement applies to all vessels regardless of origin or destination.**

(For CPA Use Only)

Date Received: _____

Time Received: _____

Received By: _____

Instruction/Messages:

Port Charges Calculation:

Dockage Fee: _____ \$

Entry Fee: From: _____ \$

Water Service Fee: _____ \$

Special Service Fee: (\$40.00 Inbound or Outbound) _____ \$

Others: _____ \$

TOTAL AMOUNT DUE: _____ \$

Rota Port Charges (RPC) Invoice Number: _____

Payment Type: ☐ Cash ☐ Check # _____

CPA Original Receipt Number: _____

GOVERNMENT OF GUAM

Customs and Quarantine Agency, 770 East Sunset Boulevard, Ste. 240
Tiyan Guam 96913
671-475-6201/2 Fax 671-475-6227
web address: www.cqa.guam.gov email address inquire@cqa.guam.gov

VESSEL DEPARTURE CLEARANCE REQUEST FORM

Form CQ067, Approved, Rev. 12/09/11

Purpose: This form is to provide information to the Agency in order to prepare and grant a CQA "CLEARANCE OF VESSEL" to the requestor prior to departure.

GENERAL INFORMATION

1. Company Name:	2. E.I.N.:	3. Mailing Address:
4. Agent / Requestor:	5. Signature:	6. Contact Nos.:

To the Officer-in-Charge of the Customs and Quarantine Agency, Maritime Section:

Please be advised that the _____,
(Vessel Name) (Voyage No.)

is due to depart Guam on _____, at _____ hours.
(Date of Departure) (ETD)

This voyage is bound for _____,
(Destination)

and a Guam Customs & Quarantine Agency official vessel departure clearance is hereby requested.

VOYAGE INFORMATION

Name of Master:	
Total Number of Crew:	
Gross Registered Tonnage:	
Registered at:	
Commercial Cargo Load:	
Military Cargo Load:	
Number of Passengers:	
Built of:	

RECEIVING INFORMATION (FOR CUSTOMS USE ONLY)

7. Customs Officer Name & Badge No.:	8. Customs Officer Signature:	9. Date Received:	10. Time Received:
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Maritime Office tel. (671) 475-6215 fax. (671) 472-1188
Airport Office tel. (671) 642-8071/2 fax. (671) 649-1755

This form may be reproduced for internal dissemination to agency officers for official government purposes. Suggestions to improve this form or any form of the Customs and Quarantine Agency can be made in writing and faxed to 475-6227, Attn: Logistic and Support Division.

D



GUAM POLICE DEPARTMENT
GOVERNMENT OF GUAM
CERTIFICATE OF BOAT NUMBER



VOID IF TRANSFERRED

NUMBER / USE		H.I.N.		EXP. DATE	
DECAL NO.		MAKE OF BOAT		1/8/2019	
YAMAHA		YAMAHA MOTORS CORPS		VR. BLT.	
HULL MTR.		PROPULSION TYPE		1990	
FIBERGLASS		SAIL BOAT		40'	
CABIN		INBOARD		DIESEL	

E

departing passengers on vessels:

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I certify that this is a true copy of the original crew list of the named American vessel, which original crew list is on file in this office. Given under my hand and seal of office at the customhouse at _____ on _____.

Signature of CBP Officer:

Vessel Name:	Arrival Port in U.S.:	Arrival Date:
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[illegible]

CONTINUED

I-418 Receipt Number (DHS Use Only)