

SCHEDULE 1

APPLICATION FOR THE USE OF ESQUIMALT GRAVING DOCK, PUBLIC WORKS AND GOVERNMENT SERVICES CANADA, VICTORIA, BRITISH COLUMBIA

I (We), the undersigned, hereby make application for use of the facilities within the Esquimalt Graving Dock as indicated below:

Dates of Dry-dock: _____	Name of Vessel _____
Purpose of Dry-dock: _____	Owner's Name _____
Dates of Berthage(NLW) _____	Port of Registry _____
Purpose of Berthage: _____	Owner's Address _____
Master's Name _____	Master's Address _____
Agent's Name _____	Agent's Address _____
Dockmaster's Name _____	Gross Tonnage _____
Length, Overall _____	Length between Perpendiculars _____
Breadth, Extreme _____	Draft, Forward _____
Draft, Aft _____	Type of Vessel (<i>screw, sailing, not self-propelled, etc.</i>) _____
Engines: Steam/Gasoline/Oil _____	Fuel Type: _____
Keel: Bar/Flat (<i>If bar, state depth</i>) _____	Rise of Floor Amidships _____
If there any explosive matter on board describe: _____	<input type="checkbox"/>

Is this vessel carrying or did carry any flammable material or dangerous cargo? If so, describe materials below and attach a copy of the gas free certificate supplied from a marine chemist.

Is there any oil escaping from the vessel? (*If so, to what extent?*) _____

Special features of ship, such as the length of "cut up" forward and aft, camber of keel, if any, and underwater form (*State if "usual"; if "unusual", give particulars*) _____

Do you require additional length on the North Landing Wharf other than for the vessel described above? If so, give details below:

SCHEDULE 1

International Ship Security Certificate Number (MANDATORY): _____

International Maritime Organization Number (MANDATORY): _____

Specify any cargo, equipment etc. that relates to the vessel described above, that requires storage within the Esquimalt Graving Dock facility. This should include the description as to how much space will be required, weight and period (dates) of storage:

Date(s) of Storage: _____

Space Required: _____ **Weight:** _____

Description as to how space will be used: _____

VESSELS VISITING THIS FACILITY FOR MORE THAN EIGHT (8) HOURS ARE TO ATTACH THE FOLLOWING DOCUMENTATION WITH THIS APPLICATION: Post Docking Survey, Vessel Fire Control Plans, Vessel Drawings, and the Vessel Crew List. These documents are to be given to Risk Management at the Esquimalt Graving Dock. The documents will be kept in the Incident Command Post, located in the Main Office Building of Esquimalt Graving Dock.

I (We), the undersigned, hereby agree to comply with the *Esquimalt Graving Dock Regulations, 1989*, and all other applicable Acts and regulations, including, but not limited to, the applicable provisions under the *Safe Working Practices Regulations* and the *Tackle Regulations* under the *Canada Shipping Act*, the *Industrial Health and Safety Regulations* of the *Workers' Compensation Act* of British Columbia, the *Fisheries Act* and the *Canadian Environmental Protection Act*.

(1) _____
(Signature of Agent)

Date _____, 20____

(2) _____
(Signature of Witness)

Date _____, 20____

SPECIAL BILLING INSTRUCTIONS:

Company Name: _____

G.S.T. Exempt Number: _____

Mailing Address: _____

Contact Name & Telephone Number: _____