



Remit completed Berth Reservation Form to (503) 741-3345 or email to Terminal Manager

Vessel Berth Reservation Form

Exception Pricing Request _____
(indicate exception above)

<i>Vessel Name</i>		<i>Voyage Number</i>		
<i>Estimated Arrival Date</i>	<i>Time</i>	<i>Estimated Departure Date</i>	<i>Time</i>	
<i>Length Overall</i>	<i>Unit of Measurement</i>	<i>Beam</i>	<i>Est. Arrival Draft</i>	<i>Est. Sailing Draft</i>
<i>To Load Commodity Type</i>	<i>Amount</i>	<i>To Discharge Commodity Type</i>	<i>Amount</i>	
<i>Terms of Affreightment</i>				
<i>Vessel Owner</i>	<i>Charterer</i>	<i>Line</i>		
<i>Shipping Agency</i>	<i>Agent/Contact</i>	<i>Phone</i>	<i>Agent's E-mail Address</i>	
<i>Billing Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>	

NOTES AND CONDITIONS

Application for reservation of vessel berth and vessel berthing is subject to Regulations, Rules and Terms of the Port of Astoria, tariff filing of the State of Financial Responsibility provided and incorporated herewith as Supplement to this Application of Vessel Berth Reservation. Separate submissions of this document are required when the vessel affreighted or part of the cargo differs from the terms of affreightment for any other part of the cargo.

FOR PORT USE ONLY

<i>Application Received By</i>	<i>Time</i>	<i>Date</i>	
<i>Application Approved By</i>	<i>Time</i>	<i>Date</i>	
<i>Pier Assignment</i>	<i>Berth Assigned</i>		
<i>Acceptance Remitted By</i>	<i>Method</i>	<i>Time</i>	<i>Date</i>

Supplement to Application for Berth Reservation

Category of Port Charges	Party Responsible for Payment	Established Dollar Amount	For Port Use Only

Total Estimated Charges \$ _____

Pursuant to the instructions set forth in this tariff, the undersigned 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 Section 1 of this tariff.

Signature of Authorized Agent of Vessel

Date