

Port Freeport
Attn: Al Durel, Director of Operations
Fax: 979-233-1287

NITE: Sail

DATE

Ref: VESSEL NAME
Estimate date/time of sail:

Mr. Durel:

We are requesting a one-time waiver to the Basic Operating Procedures for the above mentioned vessel to transit Freeport Ship Channel sailing during night conditions from _____ (dock).

The following are vessel specifications:

LOA:
LBP:
Ex. Beam:
Dead Weight:
Gross Weight:
Net Weight:
Outbound Fresh Water Draft:

We appreciate your consideration of this request.

Signature
Agent Name
Agency/Contact Information

Cc: Brazos Pilots Association (Fax 979-233-7071)