## LPC - SLIPWAY BOOKING CONFIRMATION FORM

This form must be completed and emailed at least 6 months before arrival to the Dry Dock Master at dry.dock@lpc.co.nz

VESSEL PARTICULARS											
Company Name (to be invoiced):											
Vessel Name:					Contact Number:			Date:			
Contact Name:					Email Address:				•		
Slipping Date:					Agreed Re-float Date:						
LOA:		m	Beam:	m	GRT:	t	Expected Draft:	FWD	m	AFT	m
SLIPPED CON		DI1	<b>TION</b>								
Note: Dry Dock master will send the pre-slipping vessel condition form and H&S documentation to the vessel and agent closer to slipping date.											
BERTH REQUIREMENTS											
Is a berth required before the vessel proceeds into the Slipway?											
If 'Yes' to above, provide details of (scope of work, number of days required, heavy lifts):											
Is a berth required after the vessel comes out of the Slipway?											
If 'Yes' to above, provide details of (scope of work, number of days required, heavy lifts):											
DESIGNATED CONTACT PERSON (Point of contact while the vessel is in Lyttelton)											
Contact Name:					E	Email Address:					
Contact Nu	mber:				1	Address:					

For office use only							
Slipway Booking Acknowledgement							
Dry Dock Master (To forward booking confirmation to marine planning)							
Marine Planning							
Accounts Receivable							



