



Vessel Survey APPLICATION FORM

Number: FM 0269
Issue: 05
Date: 10.05.18

VESSEL SURVEY
Marine House, Denton Wharf
Mark Lane, Gravesend
Kent DA12 2PL
T: +44 (0) 1474 562200
E: vesselsurvey@pla.co.uk

COMPANY NAME: _____

CONTACT NAME: _____

ADDRESS: _____

MOBILE TEL. No: _____

PLA OWNER No.
(if allocated): _____

LANDLINE TEL. No: _____

CONTACT EMAIL: _____

APPLICATION FOR THE SURVEY OF VESSELS

I hereby request survey of the following vessel(s):

PLA Vessel Number (if allocated)	Name Of Vessel	Type Of Vessel	Dimensions (In Metres)			
			Length	Beam	Draught	Tonnage (GT)

I AM THE OWNER / OPERATOR * (Delete as appropriate)

PROPOSED PLACE OF SURVEY: _____

AREA OF OPERATION - FROM : _____ TO: _____

PRINT NAME: _____ SIGNATURE: _____

POSITION IN COMPANY: _____

COMPANY REGISTERED No. _____ DATE: _____

Information provided on this form will be retained by the Port of London Authority for the purposes of Vessel Survey and in accordance with all applicable Data Protection Regulations