



**VTIS A2 BOOKING FORM**

Port Code: AUBNE		Port Name: BRISBANE	
<b>REMOVAL</b>			
Ships Name:	<input type="text"/>	Agency:	ISS <input type="checkbox"/> Contact: <input type="text"/>
Exempt Master:	<input type="checkbox"/>	Name:	<input type="text"/>
From Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
To Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
Tugs From:	<input type="text"/>	Tugs To:	<input type="text"/>
	<i>No</i> <i>Company</i>		<i>No</i> <i>Company</i>
Lines Launch From / To:	<input type="text"/> / <input type="text"/>	<input type="text"/>	
		<i>Company</i>	
Departure Draft:	Fwd: <input type="text"/>	Aft: <input type="text"/>	Airdraft: <input type="text"/>
Tanker Status:	<input type="checkbox"/>	Dangerous Goods:	<input type="checkbox"/>
		Thrusters Available:	<input type="checkbox"/>
<b>REMOVAL</b>			
From Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
To Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
Tugs From:	<input type="text"/>	Tugs To:	<input type="text"/>
	<i>No</i> <i>Company</i>		<i>No</i> <i>Company</i>
Lines Launch From / To:	<input type="text"/> / <input type="text"/>	<input type="text"/>	
		<i>Company</i>	
Departure Draft:	Fwd: <input type="text"/>	Aft: <input type="text"/>	Airdraft: <input type="text"/>
Tanker Status:	<input type="checkbox"/>	Dangerous Goods:	<input type="checkbox"/>
		Thrusters Available:	<input type="checkbox"/>
<b>REMOVAL</b>			
From Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
To Berth:	<input type="text"/>	Dir:	<input type="text"/>
			<i>Date</i> <i>Time</i>
Tugs From:	<input type="text"/>	Tugs To:	<input type="text"/>
	<i>No</i> <i>Company</i>		<i>No</i> <i>Company</i>
Lines Launch From / To:	<input type="text"/> / <input type="text"/>	<input type="text"/>	
		<i>Company</i>	
Departure Draft:	Fwd: <input type="text"/>	Aft: <input type="text"/>	Airdraft: <input type="text"/>
Tanker Status:	<input type="checkbox"/>	Dangerous Goods:	<input type="checkbox"/>
		Thrusters Available:	<input type="checkbox"/>

*Agents Signature*

*VTSO Signature*

*Time / Date Received*