



Marine Terminals Declaration of Security Form

Date: _____

Location: *Terminal 1* *Terminal 3* *Terminal 5* *Terminal 7*

Vessel Name: _____

Vessel Port of Registry: _____

Vessel IMO Number: _____

This Document of Security is valid from _____ until _____

For the following activities (list the activities with relevant details)

Activity & Relevant Details:

Security level for this Facility: MARSEC Level 1

Security level for the Vessel: MARSEC Level 1 2 3

The facility and vessel agree to the following security measures and responsibilities to ensure compliance with the requirements of Part A of the International code for Security of Ships and for Port Facilities contained in (CFR 105.245).

Activity	<i>The affixing of the initials of the VSO or FSO under these columns indicates that the activity will be done, in accordance with the relevant approved plan.</i>	
	Facility (FSO)	Vessel (VSO)
1. Ensuring the performance of all security duties		
2. Monitoring restricted areas to ensure that only authorized personnel have access		
3. Controlling access to the facility		
4. Controlling access to the vessel		
5. Monitoring of the facility, including berthing areas surrounding the vessel		
6. Handling of cargo		
7. Delivery of vessel's stores		
8. Handling of unaccompanied baggage		
9. Controlling the embarkation of persons and their effects		
10. Ensuring that security communication is readily available between the vessel and facility		

All personnel on the Marine Terminal must possess a Transportation Work Identification Card (TWIC)

The signatories in this agreement certify that measures for both the facility & vessel are to be implement in accordance with the provisions in their approved security plans or otherwise specified in this agreement.



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The Port of Port Angeles: _____
(Signature)

Name (Print): _____
Title (Print): *FSO or authorized designee*

(vessel name) _____
(Signature of VSO or Master)

Name (Print): _____
Title (Print): _____

Other Actions and Activities Performed by the Vessel:

<i>Action Item</i>	<i>Circle One</i>	<i>Date/Time/Other</i>
Vessel to Take On Ships Stores	<i>Yes/No</i>	
Vessel to Take On Fuel	<i>Yes/No</i>	
Vessel to use Shore Phone Line	<i>Yes/No</i>	
Vessel to Take On Water	<i>Yes/No</i>	
Vessel Repairs? (welding etc.)	<i>Yes/No</i>	
Was a physical search of the vessel conducted prior to arriving at the first U.S. port? yes___ no___		

Facility Contact Information:

EMERGENCY (Fire, Medical, Police) **911**

Master will call duty security officer for emergencies @ 360-457-1909 or 360-417-0187

(FSO/CSO) Facility Security Officer: Michael V. Nimmo

Cell: # 360-460-2304 Fax: 360-452-1129 miken@portofpa.com

Marine Terminal Lead Security Officer: Dan Shea

Cell:# 360-460-2696 Fax: 360-452-1129 dans@portofpa.com

Port of Port Angeles - Receptionist Desk 360-457-8527

Gate Guard 360-417-0187 **Security** 360-457-1909

Vessel Contact Information:

Master: _____

VSO: _____

COMPANY: _____

CSO: _____

SHIP CELL PHONE # _____ **SHIP PHONE LINE #** _____

SHIP RADIO CHANNEL OR FREQUENCIES USED: The Port will monitor VHF Ch 16

E-MAIL ADDRESS: _____