

# Attachment 12

## Registration Application Form for One-Voyage Business of a Shipping Agency On Behalf of Vessels/Being Delegating Port Agent

- Description
1. Please clearly fill in the following columns in respect of the application items and check ✓ on the appropriate place and put on X on the items which are not being applied.
  2. Please submit one copy of the application form and the attachments (paper specification: A4).
  3. Documents of operator's liability insurance are not required to be attached if the shipping administration has completed the registration.

MM/DD/YY

Applicant's Company							
Principal					Nationality		
Vessel Name	Chinese		No.		Gross Tonnage		<input type="checkbox"/> Self-owned
	English		Call sign		Net Tonnage		<input type="checkbox"/> Chartered
Nationality			IMO NO.		Type of Vessel		
Scheduled arrival date	Month Date, Year	Scheduled arrival port	<input type="checkbox"/> Keelung <input type="checkbox"/> Taichung <input type="checkbox"/> Hualien <input type="checkbox"/> Kaohsiung <input type="checkbox"/> Suao <input type="checkbox"/> Taipei <input type="checkbox"/> Shalun <input type="checkbox"/> Mailiao <input type="checkbox"/> Hoping <input type="checkbox"/> Anping <input type="checkbox"/> Other				
Registration items to be applied	Items	Attachments to be submitted				Remark	
	<input type="checkbox"/> Temporary loading of bulk cargos for one voyage Name of Cargo: Quantity:	1. Documents of operator's liability insurance 2. Nationality certificates 3. Charter party shall be attached for non self-owned vessels 4. Agency documents (letters, telegram, E-MAIL or FAX)				Any other cargo is not allowed to be loaded	
	<input type="checkbox"/> Unloading for one voyage	1. Documents of operator's liability insurance 2. Agency documents (letters, telegram, E-MAIL or FAX)				No cargo is allowed to be loaded.	
	<input type="checkbox"/> Demolition <input type="checkbox"/> repair <input type="checkbox"/> supply <input type="checkbox"/> visit and tourism <input type="checkbox"/> other	Agency documents (letters, telegram, E-MAIL or FAX)				No cargo is allowed to be loaded	
	<input type="checkbox"/> Port agent for one voyage Port: Company:	Power of attorney (If there is an original long-term port agent in this port, and the port agent is temporarily changed, please retrieve the original agreement of port agency )				If completed long-term port agency, not necessary to fill in this column.	
Applicant (Signature) TEL No.				Approval			
				Registration Number:			

**To**  
**Maritime and Port Bureau, MOTC**