ESTADOS UNIDOS MEXICANOS
ADVANCE NOTICE ARRIVAL
COORDINACION GENERAL DE PUERTOS Y MARINA MERCANTE
International Ship and Port Security Code. Chapter XI-2, Regulation 9.2.1
To be sent 48 hours before arrival to the following; Atte. PFSO Port of Acapulco
Email: Roberto.maciel@apiacapulco.com or fax +52-(744) 483-1648

Particulars of the ship and contact details		
Name:	IMO number:	Port of registry:
Flag State:	Type and Gross Tonnage:	Call sign:
Name of company:	Inmarsat call numbers:	
Name and 24 hours contact details of the Company Security Officer:		

Port and port facility information	
Port of arrival and port facility where the ship is to berth:	Primary purpose of call:
Expected date and time of arrival of the ship in port:	

Information required by SOLAS, regulation XI-2/9.2.1

Is the ship provided with a valid International Ship Security Certificate	Yes ___	No ___
Interim International Security Certificate	Yes ___	No ___
Continuous Synoptic Record	Yes ___	No ___

Provide ISSC number:	Issuing authority:

Date issued:	Expiry date:	Current security level:

Does the ship have an approved ship security plan on board?	Yes ___	No ___

Location of the ship at the time the report is made.

Provide the last ten calls at port facilities at which ship conducted ship/port interface.

Date Arrival (yyyy/mm/dd)	Port, Country, port facility and UNLOCODE	Security level	Remarks

Did the ship during above period take any special or additional security measures ?	Yes ___	No ___

if YES, attach details:

Provide a general description of cargo aboard the ship.

Is AIS working properly ?	Yes ___	No ___
Is the ship carrying any dangerous substances as cargo ?	Yes ___	No ___

If YES, attach a copy of Dangerous Goods Manifest (IMOL FAL Form 7)

Provide details of the owner, charter and ship management company as applicable, and who is responsible for appointing crew and employment of the ship. Are details carried on board ?	Yes ___	No ___

Attach a copy of the ship´s Crew List (IMOL FAL Form 5)

Attach a copy of the ship´s Passenger List (IMOL FAL Form 6)

Is there any security-related matter you wish to report	Yes ___	No ___

if YES, provide details:

Person that provides the information.

Name:	Title: