GOVERNMENT OF REPUBLIC OF TRINIDAD AND TOBAGO
MINISTRY OF WORKS AND TRANSPORT (MARITIME SERVICES DIVISION)

BALLAST WATER REPORTING FORM

(TO BE SUBMITTED TO TTBIZLINK E-MARITIME MODULE PRIOR TO VESSEL'S ARRIVAL INTO TRINIDAD AND TOBAGO WATERS)

Date of Submission (DDMMYY) _____ Time of Submission (24:00 GST) _____ Amended Form (Circle) YES NO

1. VESSEL INFORMATION		**2. VOYAGE INFORMATION**	**3. BALLAST WATER USAGE AND CAPACITY**		
Vessel Name:		Arrival Port:	**Total Ballast Water on Board: (m^3)**		
IMO Number:		Arrival Date (DDMMYY):			
Owner:		Agent:	Volume	Units **(m)^3**	No. of tanks and holds in ballast
Type:		Last Port and Country:			
GT:	Call Sign:	Next Port and Country:	**Total Ballast Water Capacity (m^3)**		
Date of Construction (DDMMYY):		Next Port (2) and Country:	Volume	Units **(m)^3**	Total no. of ballast tanks and holds on ship
Flag:		Next Port (3) and Country:			

4. BALLAST WATER MANAGEMENT

Total No. Ballast Water Tanks to be discharged:_____

Of tanks to be discharged, how many? Underwent exchange_____ were treated using an approved BW treatment system_____ (If yes, please specify below)

BW Treatment System (Manufacturer, Model)_____

If no ballast water management conducted, please state reason_____

Approved Ballast Water Management Plan On Board? YES_____ NO_____ Management Plan Implemented? YES_____ NO_____

Ballast Water Record Book on Board YES_____ NO_____

Does ship carry an International Ballast Water Management Certificate: YES_____ NO_____

Date of issue (DDMMYY): _____ Expiry Date (DDMMYY): _____

Authority that issued Certificate: _____ Place of issue: _____

Date required to meet Regulation D-2 (DDMMYY):

5. BALLAST WATER HISTORY: RECORD ALL TANKS/HOLDS containing water taken on board to control trim, list, draught, stability or stresses of ship regardless of ballast water discharge intentions, on page 2. Note BW Sources are the last BW uptakes prior to any BW management practices.

6. RESPONSIBLE OFFICER'S NAME AND TITLE: _____

Ship Name _____ IMO Number_____ Arrival Date _____

Tanks/Holds (List multiple sources/ tanks separately)	**TANK CAPACITY**	**BW SOURCES**		**CURRENT VOLUME (m^3)**	**BW MANAGEMENT PRACTICES**							**PROPOSED BW DISCHARGE**			
		DATE ddmmyy	**PORT** or LAT. LONG		**DATE** ddmmyy	**START POINT*** LAT. & LONG.	**END POINT*** LAT. & LONG.	**VOLUME USED*** (m^3)	**% Exch***	**METHOD** (DM/SM/ FM/T)	**SALINITY** (PSU)	**DATE** ddmmyy	**PORT** or LAT. LONG.	**VOLUME** (m^3)	**SALINITY** (PSU)

Ballast Water Tank Codes: Forepeak=FP, Aftpeak=AP, Double Bottom=DB, Wing=WT, Topside=TS, Cargo Hold=CH, O=Other
Methods: DM= Dilution, SM=Sequential, FM= Flow Through , T=Treatment.
Complete columns with (*) only if exchange was conducted.