# MINISTRY OF WORKS AND TRANSPORT
## Maritime Services Division

## SHIPPING NOTICE

**SN5 - 2018**

Our Ref: MSD: 6/4/2

# Installation, Removal or Modification of Aids to Navigation

Notice to Port and Port Operators.


***Summary***

The purpose of this Shipping Notice is to provide information to port owners and operators wishing to install, remove or modify Aids to Navigation in accordance with Trinidad and Tobago's obligations under the International Convention on the Safety of Life at Sea (SOLAS) Chapter V Regulation 13.3.


**Application**

This Notice shall apply to port owners and operators wishing to install, remove or modify Aids to Navigation within the harbours of Trinidad and Tobago.

**Introduction**

All port owners and operators wishing to add, remove or modify any Navigational Aids within the harbor areas and waters of Trinidad and Tobago are requested to notify the Maritime Services Division prior to the initiation of such actions.

Suggested changes should be placed on the relevant reporting form and emailed to solmsd@gov.tt.

For any clarification please contact the Maritime Services Division as follows:

Navigational Aids Section - 625-2555,
Mr. Ralph Boland - 223-4321 Ext. 409 or
Mr. Ronald Alfred - 722-4115

Reporting Forms are available for download
at https://www.ttbizlink.gov.tt/trade/tnt/html/TutorialsAndDownloads.html

Further information can be obtained from:-

Ministry of Works and Transport
Maritime Services Division
Clarence House
127 – 129 Duke Street
Port of Spain

Telephone: 625-3858/3218/3804/223-4351
Facsimile: 624-5884
E-mail: **maritime.services@gov.tt**

**Maritime Services Division**
**Ministry of Works and Transport**

**November 19, 2018**

**MINISTRY OF WORKS AND TRANSPORT**
**MARITIME SERVICES DIVISION**
Clarence House, #127-129 Duke Street, Port of Spain,
Republic of Trinidad and Tobago
Tele: 868-223-4351 Ext 400; 625-3804/7004 Ext400 Fax 624-5884
Email: maritime.services@gov.tt

# Add Remove or Modify Navigational Aids Form

**Name of company:** _____ **Phone:** _____

**Email:** _____

| | | | |
|---|---|---|---|
| *Date* | | *Time* | |
| *Location* | | | |
| **Description of service required** | | | |
| | | | |

(Please include the position and characteristics of the navigational Aid)

Signature _____ *Date* _____