Date

[ ]

Name of Person Submitting(Value Required)

[ ]

Vessel Official # (Only the characters a-Z, 0-9 are allowed, NO Spaces or special characters)(Value Required)

[ ]

Permit # (please list one of your permits that requires VMS; e.g. permit RR-1234 then enter 1234 below)(Value Required)

[ ]

Turned Off Date & Time (24 hr. clock)(Value Required)

[ ] Popup Calendar: Turned Off Date & Time (24 hr. clock)Expected format: MM/DD/YYYY HH24:MI

Estimated Date & Time VMS to be Turned On (24 hr. clock)(Value Required)

[ ] Popup Calendar: Estimated Date & Time VMS to be Turned On (24 hr. clock)Expected format: MM/DD/YYYY HH24:MI

Vessel Location During VMS Power Down(Value Required)

[ ]

Reason for VMS Power Down(Value Required)

[Select One... ▾]