

INSTRUCTIONS FOR FORM MA-1026, POST VOYAGE

A federal agency may not conduct or sponsor, and a person is not required to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2133-0514. Public reporting for this collection of information is estimated to be approximately 4 hours per response, including the time for reviewing instructions, completing and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Maritime Administration, MAR-390, 1200 New Jersey Avenue, SE, Washington, DC 20590.

In accordance with the regulations 46 CFR 382.2 (c), this information is required that each operator participating in this program is required to file post voyage reports on preference cargo voyages subject to the regulations. Use additional sheets as necessary. The following information is required:

VESSEL NAME: The current official name of the vessel (or vessels in the case of tug/barge units.)

CARGO: Commodity or commodities carried on the voyage.

CARGO QUANTITY: Actual tonnage of each commodity carried on the voyage. For multiple load or discharge ports, list commodities and quantities loaded or discharged separately by port.

VOYAGE ITINERARY: Beginning with U.S. load port and continuing through termination of the preference voyage, list the following for each port called (including additional bunker ports), canal transits and sea passages;

- o Port Names
- o Date of Arrival
- o Time of Arrival
- o Date of Departure
- o Time of Departure

Additional time required for special occasions (i.e., cleaning operations that cannot be carried out underway, construction of special structures, such as rose boxes or hoppers, etc.) should also be identified and shown on the itinerary.

For the following categories of expense the required data includes, but is not limited to, the listed items. Appropriate additional items of expense should be identified and listed as well.

PORt EXPENSES: By total, separately for each port called (including additional bunker ports), list all the expenses incurred in regard to the vessel's use of port facilities, including, but not limited to, the following;

- o Pilotage
- o Tugs
- o Line Handlers
- o Wharfage
- o Port Charges
- o Lighthouse Dues
- o Quarantine Service
- o Customs Charges
- o Shifting Expenses
- o Any other similar, appropriate or associated expenses (to be specified in writing).

CARGO EXPENSES:

- o Stevedores
- o Elevator Expenses
- o Additional Equipment
- o Special Preparation Costs
- o Any other similar, appropriate or associated expense (to be specified in writing).

OTHER CARGO EXPENSES: List by item, separately for each port called, the following if any:

- o Vacuators
- o Cranes
- o Lighterage (indicate tons moved and cost per ton).
- o Cleaning expenses for holds or tanks (grain-to-grain only).
- o Any other similar, appropriate or associated expense (to be specified in writing).

CANAL EXPENSES: Totaled separately for each transit, light or laden, list total expenses for canal passage including, but not limited to, the following:

- o Fee for Agency
- o Transit Tolls
- o Tugs
- o Pilotage
- o Lock Tenders and Boats
- o Special Navigational Expenses (i.e., Dardanelles passage, etc.)
- o Any other similar, appropriate or associated expenses (to be specified in writing).

COMMENTS: Make appropriate remarks concerning unusual expenses or transits. This space should also be used to identify the port where cargo and other expenses are incurred.

CERTIFICATION STATEMENT: All information submitted to the Maritime Administration must be certified by a responsible officer of the company.

Post Voyage Report

MARAD Control No. _____ **Vessel:** _____

Laydays: _____ **Discharge Port(s):** _____

U.S. Shipper: _____ **Cargo:** _____ **Quantity** _____

ROUND-TRIP VOYAGE ITINERARY:

<u>Port/Canal</u>	<u>Time of Arrival</u>	<u>Time of Departure</u>	<u>Port/Canal Expense</u>	<u>Comments</u>
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CARGO EXPENSE:

<u>Item of Expense</u>	<u>Amount</u>	<u>Comments</u>
Cleaning:		
Stevedoring Load:		
Elevators:		
Stevedoring Discharge:		
Equipment (specify):		
Lightening:	Cost/MT	MT
Other (specify):		

I hereby certify that I have carefully examined the foregoing report and to the best of my knowledge and belief the information contained herein is true, accurate and complete.

Signature

Title

Date