



**ESTADOS UNIDOS MEXICANOS  
COORDINACION GENERAL DE PUERTOS Y MARINA MERCANTE**

**ADVANCE NOTICE ARRIVAL**

International Ship and Port Security Code. Chapter XI-2, Regulation 9.2.1  
To be sent 48 hours before arrival



**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:	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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Interim International Security Certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Continuous Synoptic Record	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Provide ISSC number:	Issuing authority:	
Date issued:	Expiry date:	Current security level:
Does the ship have an approved ship security plan on board ?		
<input type="checkbox"/> YES <input type="checkbox"/> 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 ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
if YES, attache details:		
Provide a general description of cargo aboard the ship.		
Is AIS working properly ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the ship carrying any dangerous substances as cargo ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, attache a copy of Dangerous Goods Manifest (IMOL FAL Form 7)		
Provide details of the owner, charterer and ship management company as applicable, and who is responsible for appointing crew and employment of the ship. Are details carried on board ?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
if YES, provide details:		
Person that provides the information.		
Name:	Title:	