

STANDARD WASTE DELIVERY / RECEPTION FORM FOR THE PORTS OF CURACAO

1. PORT AND RECEPTION FACILITY PARTICULARS

1.1. Location/Terminal Name:	
1.2. Port agent:	
1.3 Reception provider(s)	
1.4 Treatment facility	
1.5 Discharge Date and Time from:	To:

2. SHIP PARTICULARS

2.1 Name of Ship:	2.5 Owner or operator:
2.2 IMO number:	2.6 Flag state:
2.3 Gross tonnage:	2.7 Call sign:
2.4 Type of ship:	

3. TYPE AND AMOUNT OF WASTES/RESIDUES DELIVERED/RECEIVED

Marpol Annex I - Oil	Quantity (m3)	Marpol Annex V - Garbage	Quantity (m3)
Oily bilge water		Household garbage	
Sludge residues		Other (specify)	
Tank washings/cleaning		Other wastes	
Other (specify)		Scrubber wash water (Annex VI)	
Marpol Annex II - NLS		Reversed osmoses residue	
Cat X/Y/Z (specify)		Small chemical waste	
Other (specify)		Household water (grey water)	
Marpol Annex IV - Sewage		Other (specify)	

We herewith confirm the above wastes/residues were delivered/received: (date)

Name ship clerk/department/stamp Reception provider on duty Agent on duty (check)

Agent please sign completed form and mail to Maritime Authority of Curacao at Curacaoshipwaste@gmail.com