



APPLICATION FORM FOR A PORT OPERATING LICENSE

The Port and Maritime Affairs (PMA) Port Operating License is issued pursuant to the terms and conditions set out in the (PMA) and at the absolute discretion of Port and Maritime Affairs ("PMA").

INSTRUCTIONS TO THE APPLICANTS

1. The applicant shall fill out the Port Operations License Application Form, stating the following;

- a) Company Particulars
- b) Jetty Particulars

2. The applicant shall provide all relevant documentation as required in Section C.

SECTION A : DECLARATION OF COMPANY PARTICULARS	
1. Company Name	
<input type="text"/>	
<input type="text"/>	
2. Commercial Registration	3. C.R. Expiry Date (DD/MM/YY)
<input type="text"/> - <input type="text"/>	<input type="text"/>
4. Address	
<input type="text"/>	
<input type="text"/>	
5. Mobile No.	6. Fax / P.O. Box
<input type="text"/>	<input type="text"/>
7. Email	
<input type="text"/>	
8. Name of Contact Person to the PMA	
<input type="text"/>	
9. Designation / Occupation	
<input type="text"/>	

SECTION B : DECLARATION OF JETTY PARTICULARS	
1. Official Jetty Name	
<input type="text"/>	
2. Year of Jetty Construction	International Voyages <input type="checkbox"/>
<input type="text"/>	Domestic Voyages <input type="checkbox"/>
3.a Latitude of Jetty	3.b Longitude of Jetty
<input type="text"/> 26' <input type="text"/> . <input type="text"/> N	<input type="text"/> 50' <input type="text"/> . <input type="text"/> E
4. Name of Owner	
<input type="text"/>	

5. Name of Tenant (if different from owner)

6. Lease Period (if tenant)

From

To

7. Telephone No.

8. Fax / P.O. Box

9. Email

10. Name of Contact Person to the PMA

11. Designation / Occupation

12.a Number of Employees/Workers

12.b Thereof Bahraini

SECTION C : FURTHER REQUIRED DOCUMENTATION

Please check that you have provided the following required documentation along with this application form:

- Draft copies of the Memorandum of Association, containing the names of the partners/shareholders, the company objectives, and a statement which indicates the authorized signatory/person in the administrative, financial and legal affairs of the company.
- A business plan providing details on:
 - o Type of activity or activities
 - o Range of type of goods/cargo to be handled
 - o Role and functions of Harbor and Marine Manager
 - o Compliance with ISPS Code – If the facilities receiving ships / vessels engaged in international voyages, the provision of ISPS Code should be complied with.
 - o Security, Immigration and Customs arrangements
 - o Valid commercial registration (CR) containing commercial activity code number (630303), pertaining to management and operations of ports.
- Property survey document
- Insurance covering the property
- A contingency plan approved by the Environmental Agency to combat any accidental pollution.
- A waste management plan approved by the Environmental Agency for the disposal of wastes especially oily water and sewage.
- Documentary evidence by the applicant that he has been authorised by the owner (where different) to operate the licensed facility.
- Document pertaining to the experience and the qualification of the General Manager of the company, including evidence of:
 - o Experience in the port management/operations for no less than 2 years; and/or
 - o Adequate maritime/port qualification or equivalent.
- Signatory Authorization letter

I hereby declare that the information contained in this form and any supporting attached documents are accurate and truthful to the best of my knowledge.

I hereby declare that I am authorized to sign on behalf of the applying company in this application as evidenced by the attached "Signatory Authorization" letter.

I hereby acknowledge that the Port and Maritime Affairs has the right, at any time, to request any additional information or documents necessary with regards to this application.

I hereby agree to abide by the Regulations pertaining to Operating a Port, Jetty or Similar Facility in the Kingdom of Bahrain and any other terms and conditions as may be implemented by PMA from time to time.

Signature of PMA Applicant _____

Date (DD/MM/YYYY)

SECTION D: FOR OFFICIAL USE ONLY

Time and Date Received:

Received By: