



TUGBOAT ESCORT REPORTING FORM

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A. THIS FORM IS BEING USED TO:

1. Submit a Quarterly Report of Tugboat Escort Activities. You will be required to complete Form OSA102A. A copy must also be sent to the Massachusetts Pilot Commissioner for District 3 in accordance with 314 CMR 19.03(5).

Check the applicable reporting periods as specified below :

a. Qtr 1 (Jan-March) b. Qtr 2 (April-June) c. Qtr 3 (July-Sept) d. Qtr 4 (Oct-Dec)

Year _____

B. TUGBOAT INFORMATION:

1. Tugboat Escort Name: _____ 2. IMD#: _____

C. ENTITY SUBMITTING REPORTING FORM:

1. Name of Tugboat Owner/Operator: _____

2. Contact First Name: _____ 3. Last Name: _____

4. Street: _____

5. City/Town: _____ 6. State: _____ 7. ZIP Code: _____

8. Telephone: _____ 9. Ext: _____ 10. email: _____

11. Affiliation of Entity Submitting Certification: a. Owner b. Operator

D. ATTESTATION OF PERSON SUBMITTING TUGBOAT REPORTING FORM

1. I, _____, attest under the penalties of perjury (i) that I have personally examined and am familiar with the information contained in this submittal, including any and all documents accompanying this transmittal form, (ii) that, based on my inquiry of those individuals immediately responsible for obtaining the information, the material information contained in this submittal is, to the best of my knowledge and belief, true, accurate and complete, and (iii) that I am fully authorized to make this attestation on behalf of the entity legally responsible for this submittal. I, the person or entity on whose behalf this submittal is made, am/is aware that there are significant penalties, including, but not limited to, possible fines and imprisonment, for willfully submitting false, inaccurate, or incomplete information.

2. By: _____ 3. Title: _____

4. For: _____ 5. Date: _____
(Name of person or entity recorded in Section C) (mm/dd/yyyy)