

E/O CR Routing Form

(* indicates required field)

Customer Information:

*Company Name: _____
*Company Contact Person: _____
*Company Contact Email: _____ *Phone: _____

*I have read and agree to the Terms & Conditions of use: Name: _____

Vessel Information:

*Vessel Name: _____ Vessel MMSI: _____
*Vessel Email Address: _____ Contact Person: _____
Vessel Phone #: _____ *Vessel Telex #: _____

*Vessel Type: _____ *GM (meters): _____
*Forward Draft (meters): _____ *Aft Draft (meters): _____
*DWT (metric tons): _____ *Beam (meters): _____
*Vessel Length (meters): _____ *Service Speed (knots): _____
Economy Speed (knots): _____
*MCR: Max Continuous Rating (KW): _____
Max Available Load (% of MCR Power): _____

Limits:

Max Head Seas (Meters) (Max safety threshold): _____ Roll (degrees): _____
Max Following Seas (meters) (Max safety threshold): _____
Max Beam Seas (meters) (Max safety threshold): _____

Passage Information:

 (Information required for either In Port or At Sea)

In Port:

*Departure Port Name: _____
Departure Port Latitude: _____ Longitude: _____
*Departure Date (Day / Month / Year): _____ / _____ / _____
*Departure Time (UTC) (Hour – Min): _____ - _____

At Sea:

*Current Position Latitude: _____ *Longitude: _____
*Current Date (Day / Month / Year): _____ / _____ / _____
*Current Time (UTC) (Hour – Min): _____ - _____

*Arrival Port Name: _____
*Arrival Port Latitude: _____ *Longitude: _____
*Estimated Date of Arrival (Day / Month / Year): _____ / _____ / _____
*Estimated Time of Arrival (UTC) (Hour – Min): _____ - _____

Comments: _____

Email to: support.route@c-map.com

Call us: + 1(508)539-4350 (option 2)