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|  | | | **Port Discharge Report**  Reporte de Descarga en Puerto | | | | | | | **Code** / Código | | | | **F-INS-017-20 Ver.2** | |
| **Date** / Fecha  (dd-mm-yyyy) | | | |  | |
| **VESSEL IDENTIFICATION / IDENTIFICACIÓN DEL BUQUE** | | | | | | | | | | | | | | | |
| **Vessel Name**  Nombre del Buque | **Type of Service**  Tipo de Servicio | | | **Vessel Flag**  Pabellón del Buque | | | | **IMO Number**  Número OMI | **Radio Call Sign**  Distintivo de llamada | | | | | | |
|  |  | | |  | | | |  |  | | | | | | |
| **Flag State Registry Number**  Número Patente de Navegación | | **IFL Number**  No. Licencia de Pesca Internacional | | | | **Master’s Name**  Nombre del Capitán | | | | | | **Master’s Nationality**  Nacionalidad del Capitán | | | |
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| **PORT INFORMATION / INFORMACIÓN DEL PUERTO** | | | | | | | | | | | | | | | |
| **Port of Landing**  Puerto de Descarga | | **Port Country**  País del Puerto | | | | **Arrival Date** (dd-mm-yyyy)  Fecha de Llegada | | | | | | **Estimated Departure Date**  Fecha Estimada de Partida | | | |
|  | |  | | | |  | | | | | |  | | | |
| **Is this an Authorized Port?**  Es un Puerto Autorizado? | | Yes / Si | | | No | **If the answer is NO, indicate the authorization´s number by ARAP.**  Si la respuesta es NO, indicar el número de Autorización por ARAP: | | | | | | | |  | |
| **LANDING INFORMATION / INFORMACIÓN DE DESCARGA** | | | | | | | | | | | | | | | |
| **Start Datetime of the Discharge**  Fecha y Hora inicio de la descarga | | | | **End Datetime of the Discharge**  Fecha y Hora Final de la descarga | | | | | | | **Total Weight in Kilograms**  Peso Total en Kilogramos | | | | |
|  | | | |  | | | | | | |  | | | | |
| **SPECIES CODE /** CODIGO ESPECIES  (**FAO 3 Alpha Code** / Código FAO 3 caracteres) | **CAPTURE OR TRANSSHIPMENT AREA**  Área de Captura o Transbordo  (RFMO / OROP) | | | **DESCRIPTION OF PRODUCT**  Descripción del Producto  Fresh (FR) or Frozen (FRZ) | | | **TYPE OF PRODUCT ¹**  Tipo de Producto  (RD, GG, DR, FL, ST, OT) | | **TYPE OF PACKAGE by WEIGHT²**  Tipo de Empaque por Peso  (Ex: 40 Kgs bins) | | | | **NUMBER OF PACKAGE ³**  Número de Empaque | | **NET WEIGHT (Kgs)**  Peso Neto (Kgs) |
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| **OBSERVATIONS / OBSERVACIONES** | | | | | | | | | | | | | | | |
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| **Vessel Master’s Name and Signature**  Nombre y Firma del Capitán del Buque | | | | | | **Port Inspector’s Name and Signature**  Nombre y Firma del Inspector del Puerto | | | | | | | | | |
|  | | | | | |  | | | | | | | | | |
| **Date /** Fecha(dd-mm-yyyy) | |  | | | | **Date /** Fecha (dd-mm-yyyy) | | | | | |  | | | |

¹ **Type of Product** should be indicated as Round (RD), Gilled and Gutted (GG), Dressed (DR), Fillet (FL), Steak (ST), Other (OT).

² **Type of Package** should be indicated if the product is landed in box, basket, bin and other. (e.g. 40 kgs bin).

³ **Number of Package** should be indicated the number of package is landed (e.g. 825).

**Note:** This form should be duly completed, signed and sent within **24 hours after completing the discharge** to the email: **transshipment@arap.gob.pa.**