|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |
|  |  |  |  |
| **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 ProductoFresh (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) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **OBSERVATIONS / OBSERVACIONES** |
|  |
|  |
|  |
| **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.**