



Invoice: D

Canadian Coast Guard - Western Region

FLEET ADJUSTMENT SHEET

Thunder Bay Airport Services Inc.

Use only for adding or deleting vessels or correcting owner/vessel information

Client No:

Owner Information (Only information that has changed needs to be updated)

Owner Name: _____
 Mailing Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone No.: _____ Contact: _____
 Facsimile No.: _____ Title: _____
 Cellular No.: _____ Email: _____

Vessel Information

Official No.	Vessel Name	Vessel Type	GRT	Length	Breadth
_____	_____	_____	_____	_____	_____
Reason: _____					
_____	_____	_____	_____	_____	_____
Reason: _____					
_____	_____	_____	_____	_____	_____
Reason: _____					
_____	_____	_____	_____	_____	_____
Reason: _____					

*** If sold, please indicate new owner's name and address.**

PLEASE DO NOT PAY FOR VESSELS ADDED TO YOUR FLEET. You will be invoiced at a later date for these vessels.

I certify that the information stated above is accurate to the best of my knowledge.

Signature: _____ Date: _____

Please return to: Canadian Coast Guard, c/oThunder Bay Airport Services Inc., 340-100 Princess Street, Thunder Bay, ON P7E 6S2
 PH: (807)473-2611 Fax: (807)475-9627 email: kotway@tbairport.on.ca