

# REQUEST FOR SERVICE FROM AGMS FLOATING ARMOURY

**RECEIVE ADVICE**

**PLATFORM:**     RED SEA 19°N     GULF OF OMAN 25°N

**DETAILS OF PMSC**

NAME	
ADDRESS	
CONTACT NUMBER(S)	
EMAIL	

**DETAILS OF SHIP**

NAME		ETA DATE	
IMO NO		ETA TIME	
FLAG STATE			

**DETAILS OF TEAM**

	NAME	PASSPORT NO
PERSON HANDING OVER ITEMS	( <input type="checkbox"/> PROCEEDING ON BOARD <input type="checkbox"/> DISEMBARKING TO PLATFORM )	
OTHER SEA MARSHELS	1	
DISEMBARKING TO PLATFORM	2	
	3	

**DETAILS OF WEAPONS AND OTHER ITEMS TO BE TAKEN OVER FOR STORAGE**

WEAPONS	MAKE	MODEL	SERIAL NO	NO OF AMMO	NO OF MAGS	OTHER ITEMS	NUMBER
1						<i>Helmets</i>	
2						<i>Body Armour</i>	
3							
4							
5							
6							
7							
8							
9							
10							
TOTAL							

*IT IS HEREBY CONFIRMED THAT FLAG STATE APPROVAL HAS BEEN OBTAINED FOR ABOVE WEAPONS*

SIGNATURE..... NAME..... DATE: **16-Jun-2015**

<b>FOR AGMS USE :</b>	AGMS REFERENCE:	JOB NO.		INV NO.	
IT IS HEREBY CONFIRMED THAT ABOVE WEAPONS AND EQUIPMENTS WERE RECEIVED ON ..... AT .....HRS					
REMARKS* : .....					
OPS MANAGER NAME : .....					
SIGNATURE : .....					
* FOR ANY FURTHER REMARKS / DISCREPANCIES PLEASE ATTACH A SEPARATE REPORT					