



**LIGHTERAGE OPERATIONS
EXPRESSION OF INTERESTS – 04/17**

APPLICATION FORM

APPLICANT DETAILS

Business Name:	
Contact Person:	
Address:	
Email Address:	
Phone Number:	

PREVIOUS EXPERENCE

Outline previous details:

PUBLIC LIABILITY DETAILS

Do you hold current Public Liability to \$20 Million?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
---	------------------------------	-----------------------------

RATE

Rate to manage lighterage operations:	
---------------------------------------	--

OPERATIONS DETAILS

Outline how to propose to operate the lighterage service:

Email application form to: regionalcouncil@nirc.gov.nf