United States Coast Guard

Inland Rivers Vessel Movement Center
CDC reporting form

(866) 442-6107 fax
(866) 442-6089 phone
email: ts-pf-irvmc@uscg.mil
web: https://navcen.uscg.gov/irvmc

Towing Vessel Operators

M/V Name	M/V Phone number	M/V Fax number	E-mail

M/V Company Name	24 HR Contact number	Fax number	E-mail

Barge Name	VIN	Owner	24 HR Contact number

	Quantity		Type ☑			
			Bulk ☐	Packaged ☐	Dry ☐	Wet ☐

Origination Point River	MM	Date	Estimated time of departure	Direction ☑	Destination River	Destination MM	Fleet/Facility Name	ETA Destination
				Up ☐ Down ☐				

Reporting Point River	MM	Date	Time	Next reporting Point River	MM	ETA next reporting point

Current Status ☑					
Loading ☐	Discharging ☐	In Transit ☐	Docked ☐	Picking up ☐	Dropping to fleet ☐

Future Status ☑					
Loading ☐	Discharging ☐	In Transit ☐	Docked ☐	Picking up ☐	Dropping to fleet ☐

Fleeting Area Managers

Company Name _____ 24hr Contact Number _____

Barge name	VIN	CDC	Loaded/Empty ☑		Amount	River	MM	Fleet ☑	Facility ☑
			☐	☐				☐	☐
			☐	☐				☐	☐
			☐	☐				☐	☐
			☐	☐				☐	☐
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