	KIMBERLEY PORTS AUTHORITY
Broome Port Services	

Issue date:

1.1 / 89601 December 2019

Name of Ship:			
Port of Registry:			
IMO Number:			
Name of Port/ Port Facility:	Broome, Australia		
This Declaration of Security is va	alid from	until	for the following activities:
			(list the activities with relevant details)
under the following security le	vels:		
Security level(s) for the	•		
Security level(s) for the	port facility:		

The port facility and ship agree to the following security measures and responsibilities to ensure compliance with the requirements of Australian maritime security legislation.

	under these columns indic	of the SSO or PSO/ PFSO cates that the activity will be relevant approved plan, by
Activity	The port facility:	The ship:
Ensuring the performance of all security duties		
Monitoring restricted areas to ensure that only authorised personnel have access		
Controlling access to port/ port facility		
Controlling access to the ship		
Monitoring of port/ port facility, including berthing areas and areas surrounding the ship		
Monitoring of the ship, including berthing areas and areas surrounding the ship		
Handling of cargo		
Delivery of ship's stores		
Handling unaccompanied baggage		
Controlling the embarkation of persons and their effects		

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(for use between a ship and port or port operator)

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Ensuring that security communication is readily available between the ship and port/ port facility	
Passenger Screening	
Luggage screening	

The signatories to this agreement certify that security measures and arrangements for both the port/ port facility and the ship during the specified activities meet the provisions of Australian maritime security legislation will be implemented in accordance with the provisions already stipulated in their approved plan(s) or the specific arrangements agreed to and set out in the attached annex.

Dated at:	on the:	

Signed for and on behalf of

the port:

the ship:

(Signature of Port Security Officer)

(Signature of Master or Ship Security Officer)

Name and title of person who signed

Name:	Name:
Title:	Title:

Contact Details

(to be completed as appropriate, indicate the telephone numbers or the radio channels or frequencies to be used)

for the port:

for the ship:

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Port/ Port Facility	Master
Port Security Officer	Ship Security Officer