



Antigua & Barbuda Port Authority

REQUEST FOR CONTAINER HANDLER SERVICE

DATE: _____/_____/_____

TO: THE CARGO MASTER

PLEASE LIFT _____ () CONTAINER(S) FOR _____

CONTAINER NUMBER: _____

PORT AUTHORITY RECEIPT # _____ DATE: _____/_____/_____

PORT STAMP

ANTIGUA PORT AUTHORITY
Container Tracking Unit

AGENT'S STAMP

Shipping Dept. _____

Agent Rep. _____