WATERFRONT COMMISSION

Daily Order and Cancellation Form
Regular and Extra Gangs

Employer's Name: _____ Pier of Terminal: _____

Confirmation of Employment

The undersigned, as agent for the employer, confirms that the following gang(s) have been ordered for employment and certifies that such employments is in accordance with applicable regulations:

Vessels and List Numbers

_____

_____

_____

Date: _____ **Starting Time: _____**

_____

Cancellation of Employment

The undersigned, as agent for the employer, hereby gives notices of the cancellation of the following gangs:

_____

_____

_____

Ordered for: _____
(Date and Time)

Reason for cancellation of employment: _____

Executed for the employer:

_____ _____ _____
Signature of Hiring Agent **Typed Name and License Number** **Date**

NYWC-5 (02/16/2024)