**APPLICATION FOR EXEMPTION / DISPENSATION / EQUIVALENT**

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| **Type of Application:** | **Exemption** [ ]  | **Dispensation** [ ]  | **Equivalent** [ ]  |
|  |
| **Name of Vessel** | **Type of Vessel** |
|       |       |
|  **IMO Number** |  **Gross Tonnage** | **Call Sign** | **Year of Keel Laid** |
|       |       |       |       |
| **Full Name and Address of Operator** | **Name of Company responsible for receiving original documents and paying for invoices** |
|       |       |

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| 1. Equipment to be exempted (relevant regulation i.e. SOLAS, MODU, IOPP, etc. must be included): |
|       |
| 2. Reason for the Exemption / Dispensation / Equivalent requested: |
|       |
| 3. Corrective Action Plan (anticipated location/date completion of repairs or servicing, itinerary of vessel etc.): |
|       |
| 4. Validity of the Exemption / Dispensation / Equivalent requested: |
|       |
| 5. Regulation that confers authority for the Exemption / Dispensation / Equivalent: |
|       |
| 6. Validity of relevant full term statutory certificate (copy must be attached): |
|       |
| 7. Name of Class Society /Recognised Organisation responsible for the issuance of the relevant statutory certificate: |
|       |
| 8. Special Conditions (if any): |
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| Date Applied:       |
| Name and position of Applicant: |
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|  |
| (Signature and Seal) |