**APPLICATION FOR EXEMPTION / DISPENSATION / EQUIVALENT**

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