



**APPLICATION FOR MINIMUM SAFE MANNING
CERTIFICATE**

NAME OF SHIP: _____		GROSS TONNAGE – ITC 69 : _____	
TYPE OF SHIP: _____		NATIONAL: _____	
REGISTRATION No: _____		CALL LETTERS: _____	
IMO No: _____		YEAR BUILT: _____	
MACHINERY: _____ MAIN ENGINE'S POWER (kW): _____ SHIP CERTIFIED FOR UMS (UNATTENDED MACHINERY SPACE OPERATIONS): <input type="checkbox"/> NO <input type="checkbox"/> YES RADIO TELEPHONE: _____ GMDSS EQUIPMENT: <input type="checkbox"/> A1 <input type="checkbox"/> A1 + A2 <input type="checkbox"/> A1+A2+A3 <input type="checkbox"/> A1+A2+A3+A4			
TYPE OF VOYAGE: PLEASE TICK IN THE BOX WHERE APPROPRIATE		9. TRADING AREA	
<input type="checkbox"/> SHORT VOYAGES (AS DEFINED IN SOLAS III/3.22) <input type="checkbox"/> COASTWISE TRADE (AS DEFINED IN S.I. No. 82 OF 1997) <input type="checkbox"/> COASTAL TRADE (AS DEFINED IN S.I. No. 82 OF 1997) <input type="checkbox"/> UNRESTRICTED VOYAGES			
AREAS AS DEFINED IN THE CARIBBEAN CARGO SHIP CODE <input type="checkbox"/> RESTRICTED AREA I <input type="checkbox"/> RESTRICTED AREA II <input type="checkbox"/> RESTRICTED AREA III <input type="checkbox"/> UNRESTRICTED VOYAGES			
DESIGNATED OFFICE NO\NAME: _____			
NAME AND ADDRESS OF REGISTERED OWNERS/CHARTERERS(S): _____			
NAME AND ADDRESS OF OPERATING COMPANY ((copy of Safety Management Certificate, shall be submitted if applicable): _____			
OWNERS MANNING PROPOSAL			
DECK			ENGINE
OFFICERS	RATINGS	ENGINEERS	RATINGS
NO. RANK STCW REG	NO. RANK STCW REG	NO. RANK STCW REG	NO. RANK STCW REG
____ MASTER _____.	____ BOSUN _____.	____ CHIEF ENG _____.	____ WK ENGINEER ____. RATING
____ CHIEF OFFICER _____.	____ WK. DECK RATING _____.	____ SECOND ENG _____.	
____ WK OFFICER _____.	____ DECK RATING _____.	____ WK ENGINEER _____.	
____ RADIO OFF. _____.	____ COOK _____.	____ CHIEF ELECTR. _____.	
STATE ANY DEVIATION FROM MINIMUM STANDARDS: _____			
AFFIDAVIT OF APPLICANT			
I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief.			

APPLICANT'S SIGNATURE: _____
(Owner/Charterer/s /Manager)

13. APPLICATION DATE: _____