



**APPLICATION FOR SURVEY OR SAFETY INSPECTION OF VESSELS**

- (A) Safety Inspections
- (B) Survey of Registration of Vessels

To: **Ship Surveyor/Inspector, Maritime Department**

I hereby apply for the survey or safety inspection described below. I accept responsibility for the payment of the survey fees and agree to pay any expenses or balances of the assessed fee, which may be charged in connection with the Survey/Inspection.

I will be responsible for any additional statutory overtime charges, if service is out of office hours.

.....  
 (Signature) (Name in block letters)

**Name of Company/Owner of Vessel** .....

**Address** .....

**Date** ..... **Tel. No.**..... **Fax No.**.....

**Particulars of Vessel**

Details of Vessel	Name and Address of Owners or Agents
<b>Name of Ship</b> ..... <b>IMO Number</b> ..... <b>Port of Registry</b> ..... <b>Builder's Name</b> ..... <b>Year of Build</b> .....	
<b>Type of vessel</b>	Gross tonnage..... Net Tonnage.....
<b>Vessel Classed with</b>	Length..... Draft Fwd..... Draft Aft.....
<b>Safe manning Crew</b> ..... <b>No. of passengers requested</b> .....	Intended Voyage: Local..... Foreign.....
<b>Fuel Type</b> <b>Gasoline</b> <input type="checkbox"/> <b>Diesel</b> <input type="checkbox"/>	

<b>How propelled:</b> Inboard <input type="checkbox"/>	Outboard <input type="checkbox"/>	Inboard-outdrive <input type="checkbox"/>	Sail <input type="checkbox"/>
<input type="checkbox"/> Row <input type="checkbox"/>			
<b>Material Constructed:</b> Wood <input type="checkbox"/>	Steel <input type="checkbox"/>	Aluminum <input type="checkbox"/>	Fibreglass <input type="checkbox"/>
Plastic <input type="checkbox"/>			
<b>Vessel usage:</b> Passengers <input type="checkbox"/>	Passengers & Cargo <input type="checkbox"/>		
Cargo <input type="checkbox"/>			

	Amount/Type		Amount/Type
Life Jackets		Radio	
Life Buoys/Ring		Anchors	
Life Rafts (Capacity)		Nav. Lights	
Life Boat (Capacity)		Sound signal Device	
First Aid Kit		Engine Type	
Fire Extinguisher		Insurance (Type)	
Bilge Pumps			
Flares (Type)			

**PARTICULARS OF SURVEY OR SAFETY INSPECTION REQUIRED**

Place, Date and Time of Survey	Details of Survey or Inspection	Fee	
		\$	

Reference: M.S (Fees) Reg. Section..... Item.....

**FOR OFFICIAL USE ONLY**

<b>Application Noted and Directed</b>  ..... Shipping Division  Time received.....  Date entered.....  Ref. No.....  File No. ....	Bill No. ....  Date.....  Amount \$.....	<b>Miscellaneous</b>  Receipt No. ....  Date.....  <b>Survey completed &amp; Certificate Issued</b>  ..... Surveyor/Inspector of Ships  Date:
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## **APPLICATION FOR SURVEY OR SAFETY INSPECTION OF VESSELS**

1. In order to avoid delay, at least ONE-DAY notice should be given for local survey, and THREE DAYS notice for local registry survey.
2. The time and place for surveys should be inserted correctly, together with the telephone and fax numbers of the Company Official/Owner of the Vessel to whom references may be made in the event of difficulty.
3. If the ship/equipment is not ready for the survey at the appointed time, a message should be sent to the Maritime Department canceling the survey and making a new appointment (*Tel. and Fax No. Please see paragraph 7 below*)
4. All fees must be paid before the commencement of the survey to the Maritime Department. An official receipt will be issued.
5. The information provided will be used to facilitate the Ship Surveyor/Inspector as requested and for charging the applicant for the Surveyor/Inspection Fees.
6. The supply of information is essential. Please ensure that all parts in the form are completed and the information provided is accurate. Failure to do so may result in the delay of the survey/inspection.
7. For correction of, or access to personal data after submission of this form, please contact the following subject officer:

### **Ship Surveyor/Inspector**

*Division of Maritime Affairs*

Tel No: 1 758 457 6151/52

Fax No. 1 758 453 0889