

ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

APPLICATION FOR THE ISSUE, CHANGE OR RENEWAL OF A MINIMUM SAFE MANNING DOCUMENT

| NAME OF VESSEL | OFFICIAL NUMBER (if assigned) | | | ssigned) IN | IMO NUMBER | | | | | |
|--|---|--|-----------------------------|-----------------------|---|---------------------|-------|-------|-------------------|--|
| TYPE OF VEOCE | TOT: | | IOINE S | 2)M/ED (1)M2 | | | MDCCC | | | |
| TYPE OF VESSEL | TOTAL MAIN ENGINE POWER (kW) | | | w | Intended GMDSS Sea Areas in which the Ship will sail (for ships over 300GT) | | | | | |
| GROSS TONNAGE | LENCTH (as now Townson Contitionts) | | | | ☐ A1 ☐ A2 ☐ A3 ☐ A4 | | | | | |
| International Tonnage Convention, 1969 | LENGTH (as per Tonnage Certificate) (m) | | | e Certificate) | | | | | | |
| | | | | | UNATTENDED MACHINERY | | | | | |
| National - See "REMARKS" column of the International Tonnage Certificate (if any) | | |) imposed by Class on | | SPACE (UMS) | | | | II V L I V I | |
| | | the sailing area or weather/sea conditions? YES NO If yes a copy of the Class Certificate | | | ☐ YES ☐ NO | | | | | |
| | | | | | | | | | | should be attached to this Application Form. |
| | | Trading Area: UNRESTRICTED RES | | | estricte | d give exact geogra | phic | al de | tails, ind | cludir |
| conditions imposed by Class on the sail | ing are | a or weath | er/sea c | onditions) | | | | | | |
| | | | | | | | | | | |
| Total number of crew, including the Master | Total accommodation (pe | | | commodation (perso | ons/be | erths |) | | | |
| Number of lifeboats | Num | | | r of generators | | | | | | |
| lumber of liferafts | | | Automated mooring winches | | | | | | | |
| Number of rescue boats | | | Other relevant information: | | | | | | | |
| Number of liferafts with launching | | | | | | | | | | |
| Full name and address of Company as per | | | | | | | | | | |
| Compliance (ISM Code) for vessels subject OR | to ISIV | Code | | | | | | | | |
| Full name and address of Operating Compa | any wh | en the | | | | | | | | |
| vessel is not subject to ISM Code IMO Company Number (if applicable) | | | | | | | | | | |
| | INIMUI | M SAFE MA | NNING | PROPOSAL | | | | | | |
| T T | | | | | 1 [| | | | | |
| No STCW Reg. Deck | No | STCW Re | eg. Engine | |] [| No | STCW | Reg. | Others | |
| Master | | | Chie | ef Engineer | | | | | Radio Operator | |
| Chief Mate | | | Second Engineer | | | | | | Ship's | |
| | | | | | ↓ | | | | Cook | |
| Deck Officer(s) | | | Eng | ine Officer(s) | | | | | Doctor | |
| Able Seafarer Deck | | | Elec | tro-Technical Officer | | | | | Other | |
| Deck Rating-Watch | | | Able | Seafarer Engine | | | | | | |
| Deck Nating-Water | | | | | | | | | | |
| Deck Nating-watch | | | | ine Rating-Watch | | | | | | |
| Deck Ivaling-watch | | | Eng | | | | | | | |

The Company/Owner hereby confirms that the above proposed minimum safe manning was completed taking into account IMO Resolution A.1047 (27) and also the requirements on hours of rest stated in the STCW 87 and the Maritime Labour Convention 2006.

Place and Date: Signed on behalf of Company/Owner

Print Full Name and position: