MARITIME ADMINISTRATION DEPARTMENT

Guyana Shipping Act (1998):

APPLICATION FOR PERMIT TO CRUDE LIFT

1. SHIP PARTICULARS

Official Number:	Name of ship:		Type of ship:
IMO Number: MMSI Number:	Gross Tonnage:	Net Tonnage:	Date Keel Laid:
Length (m): Breadth (m): Depth (m):	Name & address of shipyard where built:		Hull Material: ☐ STEEL ☐ ALUMINUM OTHER .....
Port of Registry:	Country of Registration:		Classification Society:
Number of Crew:	P&I Club:		Date of Delivery:

2. ENGINE PARTICULARS

Number of engines: Number of shafts: BHP in KW:	Name & address of Maker:	Type: ☐ DIESEL ☐ LPG ☐ HFO OTHER .....
Year made:	Make and Model of engine:	Estimated speed of vessel:

3. OWNERS'/ BAREBOAT CHARTERER'S PARTICULARS

Full Name:	Address:	Nationality:
Place of Incorporation:	Date of Ownership:	Number of shares in vessel:
Nature of Interest: ☐ Sole Ownership ☐ Joint Owner Ship ☐ Ownership Severalty		

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Form 1

4. DECLARANT'S PARTICULARS

Full Name:	Address:	Nationality:
Status of Declarant: ☐ Director of owning corporation ☐ Secretary of owning corporation ☐ Appointed Individual/ Agent		

Final declaration

I declare that:

- To the best of my knowledge the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I consent to the Maritime Administration Department, as the National Maritime Regulator, making all reasonable enquiries in order to verify that the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I understand and acknowledge that the Maritime Administration Department, as the National Maritime Regulator, may ask that I provide any information or document that the National Maritime Regulator reasonably considers necessary for consideration of this application.
- I understand and acknowledge that the Maritime Administration Department, as the National Maritime Regulator, may ask another person to provide any information, document or agreement that the National Regulator reasonably considers necessary for consideration of this application.

Signature	Name	Date (YYYY-MM-DD)

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LIST OF IMO CERTIFICATES

TITLE	DATE OF ISSUED	DATE OF EXPIRY	ISSUING AUTHORITY
1. Certificate of Registry			
2. Class Certificate			
3. Cargo Ship Safety Certificate			
4. International Ship Security Certificate			
5. Cargo Ship Safety Construction Certificate			
6. Cargo Ship Safety Equipment Certificate			
7. Cargo Ship Safety Radio Certificate			
8. International Oil Pollution Prevention Certificate			
9. International Air Pollution Prevention Certificate			
10. International Energy Efficiency Certificate			
11. International Sewage Pollution Prevention Certificate			
12. International Load Line Certificate			
13. Document of Compliance (ISM)			
14. Safety Management Certificate			
15. Minimum Safe Manning Document			
16. International Tonnage Certificate (69)			
17. Int. Certificate of Hull Strength & Machinery			
18. Certificate Anti Fouling System Certificate (>400 GRT)			
19. Declaration of Anti Fouling System (>24m & <400GRT)			
20. Certificate of Financial Insurance or any other Financial Security in respect of Civil Liability for Oil or Pollution Damage			
21. Ballast Water Management Certificate			
22. Garbage Management Certificate			
23. Certificate of Financial Insurance or any other			

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LIST OF ADDITIONAL DOCUMENTS

TITLE	DATE OF ISSUED	DATE OF EXPIRY	ISSUING AUTHORITY
1. Port State Report (Most Recent)			
2. Certificate of Inspection			
3. Crew List			
4. Continuous Synopsis Record			
5. Fuel Oil Changeover Procedure			
6. SOPEP			
7. Ship to Ship Transfer Operation Plan			
8. Ballast Water Management Plan			
9. Garbage Management Plan			

Master/ Company's Representative _____

Name of Vessel/ Ship_____

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GEOSPATIAL DATA INFORMATION

Name of Vessel:

Type of Operation:

Duration: *Earliest Start Date (DD/MM/YY)*

Latest Finish Date (DD/MM/YY)

Area of Operation (Block Name):

Coordinates (To be provided in Geographical Format – D° M′.mmm):

No.	Latitude (N)	Longitude (W)	Remarks
1*			
2*			
3*			
4*			
5			
6			
7			
8			

** A minimum of four coordinates must be supplied*

State requirements of Buffer Zone:

Please insert or attach a site map.

Form 2

OFFICIAL USE ONLY

Action by National Regulator

Has the applicant signed the declaration?	☐Yes	☐No
Does the vessel meet the requirements for the Permit?	☐Yes	☐No
Does the vessel fall within the one of the "high risk" categories?	☐Yes	☐No
Has the applicant attached a recommendation from an accredited marine surveyor?	☐Yes	☐No
Has the applicant declared that the vessel meets the applicable standard?	☐Yes	☐No

Will the approval be granted?

If 'Yes', complete Approval
If 'No', provide reasons below

Approval

For the purpose of *Marine Safety (Certificates of survey)* the vessel/s mentioned below is approved. This approval is
subject to the additional conditions mentioned below.

Applicant's name	Vessel's name	MMSI

Remarks (Taking account of the local condition, age, use and operation area of the vessel)

Official of MARAD	Signature	Date