Guyana Shipping Act (1998):

**APPLICATION FOR PERMIT TO CRUDE LIFT**

**1. SHIP PARTICULARS**

|  |  |  |
| --- | --- | --- |
| Official Number: | Name of ship: | Type of ship: |
| IMO Number: | Gross Tonnage: | Net Tonnage: | Date Keel Laid: |
| MMSI Number: |
| Length (m):Breadth (m): Depth (m): | Name & address of shipyard where built: | Hull Material:□ STEEL□ ALUMINUMOTHER .................................………………………………. |
| 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□ HFOOTHER .................................………………………………. |
| 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 |

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)

**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 Financial Security in respect of Civil Liability for Bunker Oil Pollution Damage |  |  |  |

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GEOSPATIAL DATA INFORMATION**

 **Name of Vessel:**

 **Type of Operation:**

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

 *Latest Finish**Date (DD/MM/YY)*

Is this vessel equipped with a helideck/heliport/helipad?

□ YES □ NO

 **Area of Operation (Block Name):**

 **Coordinates (To be provided in Geographical Format – D° Mʹ.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?Does the vessel fall within the one of the “high risk” categories?Has the applicant attached a recommendation from an accredited marine surveyor? | □Yes□Yes□Yes | □No□No□No |
| Has the applicant declared that the vessel meets the applicable standard?**Will the approval be granted?** | □Yes**□Yes** | □No**□No** |

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