**Life Saving Appliances Services Extension Request Form**

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| **Name of the Vessel:** | **IMO No:** |
| **Name of the Master:** | **Date of request:** |

**Request for the extension of the Annual Servicing of: *(state the name of the SOLAS Items)***

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| **1.Life Raft(s)** | *(Details of each life raft to be covered under the extension)*Manufacturer: Type: Capacity:Last Servicing Done: Sr.No: |
| Manufacturer: Type: Capacity:Last Servicing Done: Sr.No: |
| **2. Life Boat(s)** | *(Details)*Manufacturer: Type: Capacity:Last Servicing Done: Sr.No: |
| Manufacturer: Type: Capacity:Last Servicing Done: Sr.No: |
| **3. Others (state the Item):** |
| **Extension Request for a period of:****State justification for the request of Extension:** |

The undersigned declares that the equipment is complete and in good order.

**Signature/stamp of the Master (or Operations Manager/Owners of the vessel) :**

This Request form to be submitted to manager@imsag.org and registrations@imsag.org with the current certificates of the LSA item and Previous services records