OFFICE OF MARITIME AUTHORITY

APPLICATION FOR WIEVER OF CWS VESSEL AGE REQUIREMENTS

Submit this with Form no.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.PARTICULARS OF DECLARER** | | | | | | | | |
| NAME |  | | | CITIZENSHIP | |  | | |
| ADDRESS |  | | | | | | | |
| CREDENTIALS  (Check the box) | OWNER | OFFICER | | | | ATTORNEY-IN-FACT | | |
|  | | | | | | | | |
| **2.PARTICULARS OF DECLARER** | | | | | | | | |
| **NAME OF VESSEL** |  | | | | **REGISTRATION.** | |  | |
| **PLACE OF BUILT** | | | | | **YEAR BULT**  **(Date keel laid)** | | **TONNAGE** | |
|  | | | | |  | | GT | NT |
|  |  |
|  | | | | | | | | |
| **3.DECLARATION** | | | | | | | | |
| I…     ……………………………………………………….. hereby declare that   1. I am the vessel owner or am authorized to make this declaration on the vessel owner behalf. 2. I have read the requirement of Chapter            Section            of International Maritime Safety Agency of Guyana Shipping Act. 1998 3. I understand that General Condition Survey or for non SOLAS vessels, an opinion as to the Vessels seaworthiness must be completed by the recognized organization and submitted for the review of the Office of IMSAG within 10 days prior to the proposed date of registration and that registration is contingent upon the acceptance of the survey as proof to the vessel’s condition.   Declared before me this      \_\_\_\_\_\_      day of      \_\_\_\_\_\_     \_\_20\_\_\_\_     \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Name & Signature of Title Declarer* | | |  | | | | | |