## APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE

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| NAME:  | IMO NO.:  |
| ADDRESS: | PRESENT SHIP NAME: |
| FAX: PHONE:  | CLASS SOCIETY:  |
| **TONNAGE(ITC)** | TYPE:  |
| GROSS:  | NET:  | DTW:  | DATE OF BUILD: |
| LENGTH:  | TRADING AREA:  |
| **MACHINERY** |
| DOES VESSEL HAVE UNATTENDED MACHINERY SPACE? [ ]  YES\* [ ]  NO\*IF YES, ENCLOSE CLASS CERTIFICATE WITH NOTATIONS  |
| AUTOMATED MACHINERY:[ ]  YES [ ]  NO |
| **SURVIVAL CRAFT** |
| NO. OF LIFEBOATS:  | NO. OF RESCUE BOATS:  |
| NO. OF LIFERAFTS:  | LIFERAFTS WITH LAUNCHING APPLIANCES: |
| **OWNERS MINIMUM MANNING PROPOSAL** |
| **NO.** | **POSITION** | **NO.** | **POSITION** | **NO.** | **POSITION** |
|       | II/2.1 – Master > 3000 GT |       | II/3.1 – officer in Charge of Navigation Watch < 500 GT, Unlimited |       | III/2 – Chief Engineer 3000 kW or more  |
|       | II/2.3 – Master 500 <> 3000 GT |       | II/3.3 – Officer in charge of Navigation Watch < 500 GT, Near Coastal |       | III/3 – Chief Engineer between 750 and 3000 kW |
|       | II/3.2 – Master < 500 GT Unlimited  |       | II/1 – Officer in Charge of Navigation Watch > 500 GT |       | III/2 – Second Engineer officer 3000 kW or more |
|       | II/3.5 – Master < 500 GT, Near Coastal |       | II/4 – Navigation Watch Rating  |       | III/3 – Second Engineer between 750 and 3000 kW |
|       | II/2.1 – Chief Mate > 3000 GT  |       | VI/1-4 – Basic Safety Training/Ordinary Seaman |       | III/1 – Officer in Charge of Engineering Watch 750 kW or more  |
|       | II/2.3 – Chief Mate 500 <> 3000 GT  |       | IV/2 Radio Officer, GMDSS |       | III/4 – Engineering Watch Rating  |
| **PLEASE SUBMIT A COPY OF THE VESSEL’S CURRENT SAFE MANNING CERTIFICATE WITH THIS APPLICATION**Owners should feel free to attach whatever additional information supports this proposal for manning. Catering Department personnel are not included in minimum safe manning unless they are trained general purpose personnel. This application will be reviewed under the authority of International Maritime Safety Agency of Guyana (IMSAG) and MSMC will be issued if all necessary information requested of the owner has been provided. |
| **Name of Submitter:****Signature of Submitter:** |
| **Title:** | **Date:** |