



## APPLICATION FOR A PERMIT TO TRIAL

<b>Name of Vessel:</b>	<b>Fax No: where permit is to be faxed:</b>
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<b>Builder's Name:</b>
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<b>Certificating Body:</b> (ABS, BV, DNV, Lloyds, NKK)
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<b>Waterline Length:</b> m	<b>Overall Length:</b> m	<b>Max Beam:</b> m
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<b>Extreme Draft:</b> m	<b>Moulded Depth:</b> m	
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<b>Number of Main Propulsion Engines:</b>	<b>Max Power /Propulsion Engine:</b> kW
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<b>Certifying Authority Notation Assigned to Vessel:</b>
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<b>Class Surveyor's Name:</b>	<b>Class Surveyor's Mobile Ph#:</b>
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<b>Maximum Persons Vessel Certified For (        )</b>
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<b>Number of Crew (        )</b>
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<b>Number of Special Personnel conducting Trials (        )</b>
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<b>VESSEL TRIALS AREA:</b> ..... ..... ..... .....
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<b>Trials Permit Start Date:</b>	<b>Trials Permit End Date:</b>
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<b>I declare that the information contained in this Application, the Vessel Information Manual and the Fire and Safety Plan is correct and understand that Trials are not commence until these documents have been approved and all Department of Transport requirements have been met.</b>	
<b>(Print) Name of Applicant:</b> .....	
<b>Signature of Applicant:</b> .....	<b>Date:</b> .....

Office Use Only	Date Received:	Date Approved:	Officer's Name:
<b>Permit Application:</b>			
<b>Vessel Information Manual:</b>			
<b>Fire and Safety Plan:</b>			
<b>Fee Paid:</b>	<b>Date Received:</b>	<b>Receipt Number:</b>	



## PERMIT TO TRIAL - Crewing Details

Use copies of this form to advise details of additional crew who may be employed in an emergency

<b>Name of Vessel:</b>	<b>Builder's Name:</b>
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<b>Number of Main Propulsion Engines:</b>	<b>Max Power per Propulsion Engine</b>	<b>kW.</b>
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<b>Vessel Length:</b>	<b>GRT:</b>
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Crew Member's Position/Name	Qualifications
<b>Trials Master 1:</b>	
<b>Second Qualified Person IAW 7.1 b) and c)</b>	
<b>Engineer 1:</b>	
<b>2<sup>nd</sup> Engineer:</b>	
<b>Deckhand 1:</b>	
<b>Deckhand 2:</b>	
<b>Standby Crew</b>	
<b>Master</b>	
<b>2<sup>nd</sup> Qualified Person</b>	
<b>Engineer 1:</b>	
<b>2<sup>nd</sup> Engineer:</b>	

I declare that the crewing details are correct and that the Trials will not commence until all Department of Transport requirements have been met.

(Print) Name of Applicant: .....

Company Position: .....

Signature of Applicant: ..... Date: .....

<b>Office Use Only</b>	<b>Date Received:</b>	<b>Date Approved:</b>	<b>Officer's Name:</b>
<b>Crewing Arrangements:</b>			



## PERMIT TO TRIAL - Pre -Trials Check List

Name of Vessel:

Builder's Name:

Certificating Body:

### REQUIREMENTS

- The naval architect's/designer's preliminary stability assessment meets requirements of the intact and damage stability criteria of the certifying body or USL Code for the number of persons requested in the Permit to Trial.
- The hull structure, machinery installation and fire control systems are acceptable to the certifying body and the Master.
- Passenger accommodation and evacuation arrangements and equipment are suitable for the number/skills of the persons to be onboard during trials.
- All safety equipment complies with the certifying body requirements or the requirements in the Permit To Trial Guidelines Appendix A (Clause 6), and will be positioned as per the approved Fire and Safety Plan.
- Fire fighting stations and duties have been allocated.
- Fire fighting drills have been completed and are satisfactory.
- The fixed fire detection/fighting/flooding system is fitted and is functional.
- The fire fighting pumps and hydrants have been tested and are satisfactory.
- Muster stations and duties have been allocated.
- All Emergency Drill(s) for trials personnel have been satisfactorily completed.
- All navigation lights have been fitted and tested. (For night trials only).
- The radio survey/test has been completed whilst alongside and prior to trial.
- All trials personnel are familiar with their duties and the trials procedures.
- Bilge pumping systems and compartment flooding alarms are operational.
- The vessel is considered safe to conduct Trials

I declare that the *Pre-Trials Check List* has been completed and all Department of Transport requirements relating to operational systems and procedures for the above named vessel have been met prior to the vessel commencing Trials.

(Print) Name of Master: .....

Signature of Master: ..... Date: .....