

Title:

THE REPUBLIC OF LIBERIA APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE FOR SHIPS WHICH MUST COMPLY WITH THE STCW REQUIREMENTS

NAME OF OWNER/OPERATOR:		PRESENT SHIP	PRESENT SHIP NAME:		
ADDRESSS:		PREVIOUS SHIP NAME:			
		O.N:	IMO NUMBER:		
DHONE.	EAV	DATE BUILT:	GROSS TONS:	NET TONS:	
PHONE: EMAIL:	FAX:				
VESSEL TYPE:					
TRADING AREA(S):					
TRADING AREA(S):					
	1				
NUMBER OF MAIN ENGINES:	STEAM or MOTO	OR TYPE OF BOILERS:	TYPE OF BOILERS:		
TYPE OF MOTOR:		TOTAL KW PROPULS	TOTAL KW PROPULSION:		
NO. OF GENERATORS:		TOTAL KW GENERA	TOTAL KW GENERATORS:		
CLASSIFICATION SOCIETY:		I			
INDICATE CLASS NOTATIONS FOR	UNATTENDED MACHINERY OPER	RATION, IF ANY:			
INDICATE CLASS NOTATION FOR I	NTEGRATED BRIDGE SYSTEMS, I	F ANY:			
NO. OF LIFEBOATS:		NO. OF RESCUE BOA	NO. OF RESCUE BOATS:		
NO. OF LIFERAFTS:			LIFERAFTS WITH LAUNCHING		
	OWNERS MINIMU	APPLIANCES: M MANNING PROPOSAL			
Master Chief Mate Navigational Watch OfficerOther (Describe)	Able Seaman/Able Seafarer DeckOrdinary SeamanOther (Describe)	Chief Engineer Second Engineer Engineering Watch Other (Describe)	Sea OfficerFitt	ers/Motorman/Able farer Engine ter ner (Describe)	
The proposal shall take into Division. A minimum Safe provided all necessary inform additional information the ow safe manning unless they are Print Name of Submi (Applicant should be Signature of Submittee	Manning Certificate will be nation requested of owner has oner feels supports his propose trained general purpose personater:	be issued under auth as been provided. Pro al. Catering Departme onnel.	ority of Maritime posals for reduced ent personnel are no	Regulation 10.292(5), manning should attach	

c/o Liberian International Ship and Corporate Registry Attn: Marine Safety Division

Mail Application To: Liberia Maritime Authority

8619 Westwood Center Dr., Suite 300, Vienna, VA 22182, USA

DATE: _____

Telephone: (703) 790-3434 Fax: (703) 790-5655

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