International Merchant Marine Registry of Belize
"IMMARBE"
APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE

NAME OF SHIP:	**GROSS TONNAGE – ITC 69 :**
TYPE OF SHIP:	**NATIONAL:**
REGISTRATION No:	**CALL LETTERS:**
IMO No:	**YEAR BUILT:**

MACHINERY:_____

MAIN ENGINE'S POWER (kW): _____

SHIP CERTIFIED FOR UMS (UNATTENDED MACHINERY SPACE OPERATIONS): ☐ NO ☐ YES

RADIO TELEPHONE:

GMDSS EQUIPMENT: ☐ A1 ☐ A1 + A2 ☐ A1+A2+A3 ☐ A1+A2+A3+A4

TYPE OF VOYAGE: PLEASE TICK IN THE BOX WHERE APPROPIATE

☐ SHORT VOYAGES (AS DEFINED IN SOLAS III/3.22)

☐ COASTWISE TRADE (AS DEFINED IN S.I. No. 82 OF 1997)

☐ COASTAL TRADE (AS DEFINED IN S.I No. 82 OF 1997)

☐ UNRESTRICTED VOYAGES

9.TRADING AREA

AREAS AS DEFINED IN THE CARIBBEAN CARGO SHIP CODE

☐ RESTRICTED AREAI ☐ RESTRICTED AREA II ☐ RESTRICTED AREA III ☐ UNRESTRICTED VOYAGES

DESIGNATED OFFICE NO\NAME:

NAME AND ADDRESS OF REGISTERED OWNERS/CHARTERERS(S):

NAME AND ADDRESS OF OPERATING COMPANY (*(copy of Safety Management Certificate, shall be submitted if applicable)*:

OWNERS MANNING PROPOSAL

DECK		ENGINE	
OFFICERS NO. RANK STCW REG	**RATINGS** NO. RANK STCW REG	**ENGINEERS** NO. RANK STCW REG	**RATINGS** NO. RANK STCW REG
____MASTER _____.	____BOSUN _____.	____CHIEF ENG_____.	____WK ENGINEER____. RATING
____CHIEF OFFICER _____.	____WK. DECK RATING _____.	____SECOND ENG_____.	
____WK OFFICER _____ .	____DECK RATING_____.	____WK ENGINEER._____.	
____RADIO OFF._____.	____COOK _____.	____CHIEF ELECTR._____.	

STATE ANY DEVIATION FROM MINIMUM STANDARDS:

AFFIDAVIT OF APPLICANT

I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief.

APPLICANT'S SIGNATURE: _____ **13. APPLICATION DATE:**_____
(Owner/Charterer/s /Manager)