



INTERNATIONAL INSTITUTE of MARINE SURVEYING

Certifying Authority Administrator

Administration Office

3 Stone Lane, Gosport, Hampshire PO12 1SS

Tel 023 9258 8000 Fax 023 9258 8002

THE COMMITTEE OF THE IIMS CERTIFYING AUTHORITY

(Authorised by the Maritime and Coastguard Agency)

THE SAFETY OF SMALL COMMERCIAL MOTOR AND SAILING VESSELS – Codes of Practice



Maritime and Coastguard Agency

SCV 1

Unique Number 06/11/06 Date sent 20/11/06

APPLICATION FOR EXAMINATION

(May also be used to notify change of Owner/Managing Agent for a vessel with a valid Certificate in which case this should be clearly stated on the form)

OWNERSHIP DETAILS

Owner/Managing Agent Address

Telephone No.

Fax No.

Owner & Address

If different from above

.....

Tel & Fax No.

Maximum No. of persons on board

Base port (Categories 0 to 4)

Nominated Departure Point (Categories 5 & 6) No

VESSEL DETAILS

Name

Port of Registry

Official No (or SSR)

Hull Identification (HIN)

Call Sign

Builder Year Built

Model or design class

Overall Lengthm Beamm

Load line length if over 23 m

Motor or sail

CODE APPLIED FOR (circle one)

SMALL COMMERCIAL VESSEL (Yellow and Blue Codes)

WORKBOAT (Brown Code)

NOMINATED DEPARTURE PORT (Red Code)

CATEGORY APPLIED FOR (Circle one)

0 1 2 3 4 5 6

DECLARATIONS BY OWNERS/MANAGING AGENTS

I, THE owner/Managing Agent of the vessel described above apply to have the vessel examined and accepted under the appropriate Code of Practice for Small Commercial vessels and agree to pay all charges in respect of the Certification of the vessel to IIMS Certifying Authority and for the survey of the vessel.

If you have ever applied to certify the above or any other vessel with any other Certifying Authority state the name of the Certifying Authority and the name of the vessel.

John Townsend.....

CA/NS/01

..... Date 01/12/06
Signature of Owner/Managing Agent