|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION FOR EXAMINATION** | | | |
| IIMS-LOGO.png | OF A SMALL COMMERCIAL VESSEL | | **SCV1** |
| The Committee of the IIMS Certifying Authority | \\IIMSSVR\RedirectedFolders\craig\My Documents\Stationery\Certifying Authority Forms\MCA logo\Small - Certifying Authority authorised by the MCA.png |

The Safety of Small Craft Commercial Motor and Sailing Vessels – Codes of Practice

**All sections of this form must be completed before despatch to the IIMS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vessel Unique Number:** |  | Obtain No. from Office or Surveyor | (mark reason for coding below) |
| **Compliance  5-Year Renewal  Changed Information  Changed Ownership  Changed Certifying Authority** | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vessel Details** | | | | | | | | | | | | | | |
| **Vessel Name:** | | | | | | | | | | | | | | |
| **Vessel Type:** (tick as appropriate) | | | | | | | | | | | | | | |
| Sport / Pleasure Motor | | | | | | | | Sport / Pleasure Sail | | | | | | |
| Workboat + < 1000kg | | | | | | | | Workboat + > 1000kg | | | | | | |
| RIB | | | | | Towing > 2 x Displacement | | | | | | | | | |
| Pilot Boat | | | | | Motor / Sailing Catamaran | | | | | | | | | |
| MCA Code | | | | |  | | | | | | | | | |
| Builder Name: | | | | |  | | | | | | | | | |
| Location: | | | | |  | | | | | | | | | |
| Make and Model: | | | | |  | | | | | | | | | |
| Year Built | | | | |  | | | | | | | | | |
| Intended Operation: | | | | |  | | | | | | | | | |
| **Hull Construction Material:** (mark one as appropriate) | | | | | | | | | | | | | | |
| GRP  Wood  Steel  Aluminium Alloy | | | | | | | | | | | | | | |
| OTHER (describe): | | | | | | | | | | | | | | |
| LOA: | **m** | | | | | | | Beam: | | | **m** | | | |
| Load Line Length (if over 24m LOA): | | | | | | | | | | | **m** | | | |
| Call Sign: | | | | | |  | | | | | | | | |
| MMSI No: | | | | | |  | | | | | | | | |
| GMDSS AREA: (\*If applicable) | | | | | | | | |  | | | | | |
| Hull ID No. (HIN or CIN): | | | | | |  | | | | | | | | |
| **Registered:** | | **YES** | | | | | | **NO** | | | **(mark as appropriate)** | | | |
| Flag State | | | | | | |  | | | | | | | |
| Official No. or SSR | | | | | | |  | | | | | | | |
| Port of Registry | | | | | | |  | | | | | | | |
| Base Operating Port | | | | | | |  | | | | | | | |
| Nominated Departure Point (for Cats 5 or 6): | | | | | | |  | | | | | | | |
| Max. No. Persons Onboard: | | | | | | |  | | | | | | | |
| Max. Passengers: | | | | | | |  | | | | | | | |
| Max. Crew: | | | | | | |  | | | | | | | |
| Sea Area Category Requested: (mark one) | | | | **0** | | | | **1** | | **2** | **3** | **4** | **5** | **6** |
| **Name of IIMS Surveyor:** | | |  | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Owner Details** | | | | |
| **Name:** |  | | | |
| **Address:** |  | | | |
| **Tel No:** |  | | | |
| **E-Mail:** |  | | | |
| **Managing Agent Details** (if different) | | | | |
| **Name:** |  | | | |
| **Address:** |  | | | |
| **Tel No:** |  | | | |
| **E-Mail:** |  | | | |
| Send Certificates and Correspondence to:- | | | | |
| Owner  Managing Agent | | | | (mark as appropriate) |
| **Declaration by Owner / Managing Agent** | | | | |
| I, the Owner / Managing Agent of the Vessel described above apply to have the Vessel examined and accepted under the appropriate Code of Practise 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. I also declare that I have not applied to certify this vessel with any other Certifying Authority. | | | | |
| **Previous Coding Details (If any):** | | | | |
| Certifying Authority | | |  | |
| Vessel Name | | |  | |
| **Maritime Labour Convention** | | | | |
| **MLC 2006 Compliance Required:** | | | | |
| I confirm that I will notify IIMS CA if the vessel's circumstances change. | | | | |
| **Owner  or Managing Agent** (select as appropriate) | | | | |
| **Signature** | |  | | |
| **Name:** | |  | | |
| **Date** | |  | | |

**Send completed Form with the Application Fee to IIMS Certifying Authority at the address below**