



APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE

SHIP'S DETAIL								
NAME OF SHIP	OFFICIAL NUMBER	IMO NUMBER	TYPE OF SHIP	TRADING AREA				
REGISTER DIMENSION								
LENGTH OVERALL	BEAM	DEPTH	GROSS TONNAGE (ITC' 69)	NO. OF MAIN ENGINE(S)				
PROPELLING ENGINES								
DESCRIPTION OF MAIN ENGINE(S)	TOTAL BHP/KW PROPULSION	NO. GENERATORS	SERVICE SPEED (KNOTS)					
UNMANNED MACHINERY SPACE (UMS) CERTIFICATE YES <input type="checkbox"/> NO <input type="checkbox"/>		TOTAL NO. OF PERSONS FOR WHICH LIFE SAVING APPLIANCES ARE PROVIDED						
OTHER DETAILS								
AUTOMATED MOORING WINCHES YES <input type="checkbox"/> NO <input type="checkbox"/>		INTER COMMUNICATION SYSTEM YES <input type="checkbox"/> NO <input type="checkbox"/>		AUTOMATIC PILOT: YES <input type="checkbox"/> NO <input type="checkbox"/>				
WATCH SYSTEM ¹ : DECK WATCHES TWO <input type="checkbox"/> THREE <input type="checkbox"/> ENGINE WATCHES: TWO <input type="checkbox"/> THREE <input type="checkbox"/> DAY WORK <input type="checkbox"/>								
PROPOSED MANNING SCHEDULE								
GRADE/CAPACITY	CERTIFICATE (STCW REG.)	NO. OF PERSONS	GRADE/CAPACITY	CERTIFICATE (STCW REG.)	NO. OF PERSONS	GRADE/CAPACITY	CERTIFICATE (MLC)	NO. OF PERSONS
Deck Officers ²			Engine Officers			Miscellaneous		
Master	II/2 <input type="checkbox"/>		Chief Engineer	III/2 <input type="checkbox"/>		Cook ³	Standard A3.2.5	
	II/3 ⁴ <input type="checkbox"/>			III/3 ⁵ <input type="checkbox"/>				
Chief Officer	II/2 <input type="checkbox"/>		Second Engineer	III/2 <input type="checkbox"/>				
	II/3 <input type="checkbox"/>			III/3 <input type="checkbox"/>				
OICNW	II/ <input type="checkbox"/>		OICEW	III/1 <input type="checkbox"/>				
	II/3 <input type="checkbox"/>							
			Electro-Tech. Officer	III/6				
Deck Ratings			Engine Ratings					
Able Seafarer Deck	II/5		Able Seafarer Engine	III/5				
Navigation Watch Rating	II/4		Engine Watch Rating	III/4				
Other Deck Ratings	VI/1 & VI/6		Electro-Technical	III/7				
			Other Engine Ratings	VI/1 & VI/6				

Owners should attach all supporting document(s). Application will be reviewed by the Department of Safety, Environment and Certification and a Minimum Safe Manning Certificate under the authority of the Shipping Act 1998 will be issued provided all necessary information requested has been provided.

PARTICULARS OF OPERATING COMPANY (INFORMATION SAME AS DOCUMENT COMPLIANCE)			
Name of Operating Company	Address of Operating Company	Telephone	
		Email Address	
		Contact Person	
		Company Identifiers No:	
I certify that to the best of my knowledge the particulars given by me in this form are correct.			
Date		Signature of Owner/Charter/Manager	

¹ Requirements relating to the periods of rest must be maintained STCW Reg. VIII/1

² At least two (2) Deck Officers must hold a GMDSS Operator's Certificate (GOC) or alternatively, a dedicated Radio Officer, GMDSS (GOC) as required – STCW Reg. IV/2

³ Required for crew complement of ten (10) members or more otherwise, persons must be trained or instructed in food handling & preparation and personal hygiene – MLC A3.2.5

⁴ Vessels of less than 500 gross tonnage, engaged on near coastal voyage – STCW Reg. II/3

⁵ Chief Engineer Officers and Second Engineers on ships powered by main propulsion machinery of between 750kW and 3'000kW propulsion power – STCW Reg. III/3