



MARITIME AUTHORITY OF JAMAICA
DECLARATION OF COMPANY SECURITY OFFICER

(To be completed by the Company Security Officer)

Dates should be in the format: yyyy/mm/dd

Information			
1	This will apply from (date):		
2	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
	Name of Ship:		IMO NUMBER:
3	NAME OF REGISTERED OWNER(S):		
4	NAME OF COMPANY SECURITY OFFICER AND ALTERNATE CSO, ADDRESS(ES) OF ITS SAFETY MANAGEMENT ACTIIVITIES IF DIFFERENT FROM ABOVE: PHONE: FAX: MOBILE PHONE 24-HOUR CONTACT: EMAIL		

THIS IS TO CERTIFY THAT this record is correct in all respects.

Issued by the Company: _____ (Date of issue) _____

Signature of authorized person: _____

Name of authorized person: _____