



**APPLICATION FOR BAREBOAT (IN) CHARTER REGISTRATION
AND NOTICE OF NAME OF A SHIP**

SECTION 1 GENERAL INFORMATION					
1. Present Name of Ship		2. Proposed Name of Ship		3. Alternative Names ¹ 1. 2.	
4. Proposed Date of Registration		5. IMO Number		6. Present Flag	
7. When Built		8. Propulsion (steam or Motor)		9. Place where ship will be at time of registry	
10. Registration Expiry Date		11. Charter Party Expiry Date		12. Classification Society (if any)	
SECTION 2 VESSEL DIMENSIONS In accordance with ITC 1969 (where applicable)					
14. Length (LOA) in Metres		15. Breadth (Extreme) in Metres		16. Depth (Moulded) in Metres	
17. Gross Tonnage		18. Net Tonnage		19. Number of Decks	
20. Number of Masts		21. Material (Steel, GRP etc)		22. Type of Vessel	
23. CLASS		24. Number of Bulkheads		25. Builder's Name	
26. Builder's Address		27. Number of Engines		28. Description of Engines	
29. Propulsion (kW, BHP, etc.)		30. Number of Cylinders		31. Manufacturer's Name	
32. Manufacturer's Address		SECTION 5 CHARTERER(S) INFORMATION			
33. Charterer(s)'s Name(s)		34. Address of Registered Office		35. Address for Correspondence	
36. Contact Person		37. Telephone No		38. Fax No	
39. Email Address		40. Name of Ship Manager		41. Address of Ship Manager	
42. Contact person		43. Telephone No		44. Fax No	
45. Email Address		46. After Office Hours No		47. Name of Appointed Authorized Representative in Jamaica ²	
48. Address of Appointed Authorized Representative in Jamaica		49. Contact Person		50. Telephone No	
51. Fax No		52. Email Address		53. After Office Hours No	
<p>Application is hereby made for the registration of the vessel described above as a Jamaican ship under the Shipping Act, 1998. This vessel is documented under the laws of the country indicated above. Consent from the ship's mortgagees, appropriate authority and owners for the Bareboat Registration of the vessel in Jamaica, is enclosed herewith. I declare that to the best of my knowledge, all information provided above is true.</p>					
Name: _____		Position: _____			
Signature: _____		SEAL		Date: _____	
Charterer or Duly Authorized Agent					

¹ Please provide alternative names in the order of preference in the event, the desired name is not available

² Jamaica Individual, Company or Partnership in Jamaica appointed as Managing Owner or Owner's Representative



REQUIREMENTS FOR BAREBOAT CHARTER (IN) REGISTRATION AND NOTICE OF NAME OF SHIP

A. BAREBOAT IN

1. An Application for Bareboat Charter (In) Registration and Notice of Name of a Ship (JSR06)
2. Declaration of the Bareboat Charterer (JSR 36)
3. Application for Minimum Safe Manning Certificate (JSR 11)
4. Application for Radio Licence (JSR 14)
5. Declaration of Information for Continuous Synopsis Record (JSR 74)
6. Declaration of Company Security Officer (JSR 75)
7. Application for Jamaican Endorsements (CDFM 08)
8. A certified copy of the Bareboat Charter Party
9. Company documents:
 - (a) Certificate of Incorporation or Similar Documents of Establishment;
 - (b) Notice of Directors or Similar Documents;
 - (c) Certificate of Good Standing;
10. Power of Attorney (where applicable)
11. Transcript of the underlying Registry
12. Consent for registration of the vessel in Jamaica and/or change of name of the vessel, from:
 - a. Underlying Registry
 - b. Registered Mortgages (where applicable)
 - c. Registered Owner
13. ITU/ INMARSAT approved PSA/ AAIC's confirmation to manage Radio Account of the vessel
14. Statutory Certificates issued by the underlying Registry.
15. International Tonnage Certificate (ITC) from underlying Registry.
16. Document of Compliance (DOC) and Safety Management Certificate (SMC).
17. Confirmation from the Classification Society that the vessel is in CLASS. Confirmation is to state the applicable exemptions/conditions.
18. Carving and Marking Note
19. Application for Certificate of Insurance (JSR 78)
20. LRIT Conformance Test Report

B. BAREBOAT OUT

1. A letter of Application for the Bareboat Out Registration with Notification of the name to be used (if other than the registered Name)
2. A certified copy of the Bareboat Charter Party
3. Consent of the registered mortgagees (where applicable)
4. Return of all documents issued to the vessel by or on behalf of Jamaica
5. Written undertaking by the owner to surrender the Jamaican certificate of registry upon registration in the foreign registry
6. Written Undertaking by the charterer that the Jamaican flag or markings shall not be displayed during the period of Bareboat Charter Registration.



DECLARATION OF BAREBOAT CHARTER ON BEHALF OF A BODY CORPORATE/PARTNERSHIP AS CHARTERER

SECTION 1 GENERAL INFORMATION					
OFFICIAL NUMBER	NAME OF SHIP	HOME PORT	NO.	YEAR	PORT OF REGISTRY
LENGTH (M)	BREADTH	NET TONNAGE	GROSS TONNAGE		POWER OF ENGINES, IF ANY

SECTION 2 QUALIFICATION FOR OWNERSHIP OF A JAMAICAN SHIP
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I _____ of _____
(Name of individual/Position) (Name of Charterer)

Foreign Maritime Entity Body Corporate Partnership Individual Other (please indicate), _____
 duly incorporated under the laws of _____,

having principal place of business/residence at _____
(Address)

DECLARE AS FOLLOWS:

- That the above description of the vessel is correct.
- The said vessel was built at _____ In the year _____
- The time of her building is/not known to me.
- That the said vessel holds a valid Certificate of Registration from _____ which expires on _____
Underlying flag state
- That the said foreign maritime entity/partnership/body corporate (Charterer)/individual was established on the _____ day of _____ 20_____ and remains in good standing.
- Jamaican Citizen/Entity with Tax Payer Registration Number (TRN) _____
- To the best of my knowledge and belief the vessel is not registered in another bareboat charter registry.
- That the said foreign maritime entity/partnership/body corporate/individual are entitled to be registered as Bareboat Charterer of the vessel.
- That an authorized representative has been appointed in accordance with section 20 of the Shipping Act and a formal agreement exists as evidence of this appointment.

I voluntarily make this declaration conscientiously believing the same to be true.

DECLARED BEFORE ME¹

This _____ day of _____ 20 _____

Name and Signature of Notary Public/JP

Name (Please print)

Address

Signature of Charter

Seal

Date

¹ Declarations shall be made before a Registrar of Jamaican Ships, a Jamaican Justice of the Peace or a Jamaican Consular Officer or before any person authorised by law to administer oaths.
 JSR-36/Rev.03



APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE

GENERAL				
Name of Ship	Official Number	IMO Number	Type of Ship	Keel Laid
Trading Area				
REGISTER DIMENSION				
Length Overall	Beam	Depth	Gross Tonnage (ITC' 69)	
PROPELLING ENGINES				
No. of Engine/s	Description of Engine/s	No. Generators	BHP/KW propulsion	Speed (Knots)
UNMANNED MACHINERY SPACE (UMS) CERTIFICATE: <input type="checkbox"/> YES <input type="checkbox"/> NO			Bridge Control Yes <input type="checkbox"/> N <input type="checkbox"/>	
LIFE SAVING APPLIANCES				
Total Number Lifeboats	Type of Davits	Total Capacity	No. Of Passengers	
Total Number Liferrafts	Total Capacity	No. of Davit Launchable Liferrafts	Total Capacity	
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"/>
SPECIAL FEATURES OF SHIP:				
PROPOSED MANNING SCHEDULE				
Master		Chief Engineer		
Chief Officer		2nd Engineer		
Second Officer		3rd Engineer		
Third Officer		4th Engineer		
Able Bodied Seaman (AB)		Electrician		
Ordinary Seaman (OS)		Refrigeration Engineer		
Number of Holders of GMDSS Certificates		Motorman		
Cook		Pump Man		
<p><i>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.</i></p>				
OWNER/CHARTERER/S AND MANAGERS				
Name of Registered Owners Charterers	Address of Registered Owners Charterers	Telephone		
		Fax No		
Name of Manager	Address of Manager	Telephone		
		Fax No		
		Email Address		
		Contact Person		
<p>I certify that to the best of my knowledge the particulars given by me in this form are correct.</p>				
<p>_____</p> <p style="text-align: center;"><i>Date</i></p>			<p>_____</p> <p style="text-align: center;"><i>Signature of Owner/Charter/Manager</i></p>	



THE TELECOMMUNICATIONS ACT, 2000

Application Form: Maritime Mobile Radio Station Licence

APPLICANTS **MUST** COMPLETE THIS SECTION

1. Name of Vessel: _____
2. Call Sign: _____
3. Licensee: _____
4. Official No.: _____
5. Applicant Name: _____
6. Applicant Address: _____

7. Applicant Telephone No./Fax: _____
8. Applicant Email: _____
9. Owner of Vessel: _____
10. Address of Owner: _____

11. Name of Accounting Authority: _____
12. Type of Vessel: Passenger Coastal Yacht

 Cargo Fishing Foreign going including home trade
13. Type of Service: Public Correspondence
 Port Operations
 Ship Movement
 Emergency (i.e. Safety and Distress)
 Other (specify) _____
14. Gross Tonnage: _____

OPTIONAL (Complete if Applicable)

15. IMO No.: _____
16. Satellite Identification No.: _____
17. MMSI: _____

18. Description of Transmitting Apparatus for which license is required:

	Manufacturer	Type No.	Radiated Power in Antenna (Watts)	Frequency Range
Main				
Emergency				
HF Telegraphy				
VHF				
Radar				
Satellite				
Selective calling				
EPIRB				
Survival Craft 2-way VHF Radios				
On-board Portables				
Aeronautical				
Miscellaneous				

19. Description of Receiving Apparatus:

	Manufacturer	Type No.	Frequency Range
Main			
Emergency			
Auto Alarm Telegraphy			
Automatic Keying Device			
NAVTEX			
Telephone watch keeping Receiver			
Direction Finder			
Miscellaneous			

20. Description of GMDSS Radio Installation

	Manufacturer	Type No.	Radiated Power in Antenna (Watts)	Frequency
VHF radio telephony				
VHF/DSC encoder				
VHF/DSC watch receiver				
MF radio telephony				
MF/DSC encoder				
MF/DSC watch receiver				
MF/HF radio telephony				
MF/HF/DSC encoder				
MF/HF/DSC watch receiver				
Direct printing radio telegraphy				
INMARSAT S.E.S.				
EGC receiver				
Satellite EPIRB				
VHF EPIRB				
Radar Transponders				
Navtex				
2182 kHz watchkeeping receiver				
2182 kHz alarm signal generator				
Portable 2-way VHF radios				
Survival Craft VHF				
Transponder				
Miscellaneous				

21. Emergency Power Supply: _____ Storage batteries and/or _____ Generator
 22. Type of inter-Communication System _____ Type of clock _____ No. of Emergency Lights in Radio Room _____

The applicant confirms that the ship radio station installation and electronic navigational equipment conform to current ITU Radio Regulations and current IMO/SOLAS requirements.

Signature: _____

Date: _____



**MARITIME AUTHORITY OF JAMAICA
DECLARATION OF INFORMATION NEEDED TO COMPLETE
THE SHIP'S CONTINUOUS SYNOPSIS RECORD (CSR)**

For the Ship with IMO Number _____

(To be filled out by Company)

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

Information	
1	THIS WILL APPLY FROM (APPROXIMATE DATE):
2	Flag State
3	DATE OF REGISTRATION WITH THE STATE INDICATED IN 2:
4	NAME OF SHIP SHIP'S SATELLITE NUMBER SHIP'S FAX: SHIP'S EMAIL:
5	PORT OF REGISTRATION:
6	NAME OF REGISTERED OWNER(S) REGISTERED ADDRESS(S):
7	REGISTERED OWNER IDENTIFICATION NUMBER:
8	NAME OF REGISTERED BAREBOAT CHARTERER(S) (IF APPLICABLE): REGISTERED ADDRESS(ES):
9	NAME OF COMPANY (INTERNATIONAL SAFETY MANAGEMENT): REGISTERED ADDRESS ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE:
10	COMPANY IDENTIFICATION NUMBER:
11	NAME OF COMPANY SECURITY OFFICER (CSO) AND ALTERNATE CSO ADDRESS(ES) OF SAFETY MANAGEMENT ACTIVITIES IF DIFFERENT FROM ABOVE: PHONE: FAX: MOBILE PHONE 24-HOUR CONTACT: EMAIL:
12	NAME OF CLASSIFICATION SOCIETY WITH WHICH THE SHIP WILL BE CLASSED:
13	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANISATION WHICH ISSUED OR WILL ISSUE THE DOCUMENT OF COMPLIANCE (DOC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT)
14	ADMINISTRATION/GOVERNMENT/ RECOGNIZED ORGANISATION WHICH WILL ISSUE SAFETY MANAGEMENT CERTIFICATE (SMC): BODY WHICH CONDUCTED THE AUDIT (IF DIFFERENT):
15	ADMINISTRATION/GOVERNMENT/RECOGNIZED ORGANIZATION WHICH WILL ISSUE INTERNATIONAL SHIP SECURITY CERTIFICATE: BODY WHICH CONDUCTED VERIFICATION (IF DIFFERENT):
16	REMARKS

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: _____



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:
	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 ACTIVITIES 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: _____