



APPLICATION FOR REGISTRATION AND NOTICE OF NAME OF A SHIP (24 METRES AND ABOVE)

SECTION 1 GENERAL INFORMATION				
1. Current Name of Ship		2. Desired Name of Ship		3. Proposed Date of Registration
				4. Alternative Names ¹
				1.
				2.
				3.
5. IMO Number	6. Where Built	7. When Built	8. Present Flag	
9. Propulsion		10. Place where ship will be at time of registry		11. Classification Society (if any)
steam <input type="checkbox"/> or Motor <input type="checkbox"/>				
SECTION 2 VESSEL DIMENSIONS In accordance with ITC 1969 (where applicable)				
13. Length (LOA) In Metre	14. Breadth (Extreme) In Metres	15. Depth (Moulded) In Metres	16. Gross Tonnage	17. Net Tonnage
SECTION 3 HULL DESCRIPTION				
18. Number of Decks	19. Number of Masts,(if any)	20. Material (Steel, GRP etc)	21. Type of Vessel	22. Number of Bulkhead
23. Builder's Name		24. Builder's Address		
SECTION 4 PROPULSION MACHINERY				
25. Number of Engines	26. Description of Engines		27. Propulsion (kW, BHP, etc.)	28. Number of Cylinders
29. Manufacturer's Name		30. Manufacturer's Address		
SECTION 5 VESSEL OWNER(S)				
31. Owner's Name		32. Address of Registered Office	33. Mailing Address	34. Contact Person
				35. Telephone No
				36. Fax No
				37. Email Address
38. Name of Ship Manager		39. Address of Ship Manager		40. Contact person
				41. Telephone No
				42. Fax No
				43. Email Address
				44. After Office Hours No
45. Name of Appointed Authorized Representative in Jamaica ²		46. Address of Appointed Authorized Representative in Jamaica		47. Contact Person
				48. Telephone No
				49. Fax No
				50. Email Address
				51. After Office Hours No
SECTION 6 EXEMPT SHIP ³			SECTION 7 MORTGAGE	
53. Application is hereby being made for Exempted Ship Status in accordance with Part IVA Section 101B (1) of the Shipping Act: Yes <input type="checkbox"/> No <input type="checkbox"/>			54. Is the vessel mortgaged? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application is hereby made for the registration of the vessel described above, pursuant to the Shipping Act, 1998. I declare that to the best of my knowledge, all information provided above is true. I also declare that the description of the ship is correct and that the ship is/is not free from encumbrances.				
Name _____		Position _____		
Signature _____		Date _____		
Owner or Duly Authorized Agent ⁴				

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

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

³ Operators of an Exempted Ship enjoy tax and other concessions under Part IV A of The Shipping Act.

Note: The documents listed overleaf are required to be submitted where applicable, together with this application.

⁴ "A Duly Authorized Agent" must present a Power of Attorney, unless a Director of the Owning entity.



APPLICATION FOR REGISTRATION AND NOTICE OF NAME OF A SHIP (24 METRES AND ABOVE)

REQUIREMENTS FOR THE (PROVISIONAL) REGISTRATION OF A SHIP JAMAICAN

1. An Application for Registration and Notice of Name of a Ship (24 metres and above) (Form JSR01);
2. Declaration of Ownership (Form JSR02);
3. Bills of Sale for the Vessel /Condemnation Order/Builder's Certificate;
4. Power of Attorney;
5. A valid Certificate of Survey;
6. Application for Radio Licence (Form JSR 14);
7. Confirmation from CLASS that the Ship is in CLASS. Confirmation to include exemptions and conditions pertaining and expiration dates of certificates;
8. Application for Minimum Safe Manning Certificate (Form JSR 11);
9. Certified copy of the International Tonnage Certificate (ITC) from previous registry;
10. Radio Accounting Authority's confirmation to manage radio accounts;
11. Certificate of Incorporation or Similar Documents of Establishment;
12. Notice of Directors or Similar Documents;
13. Certificate of Good Standing; Jamaican Passport (if sole Owner);
14. Declaration that the ship has no encumbrance;
15. Support from mortgagees for the registration of the ship in Jamaica (where applicable);
16. Mortgage Documents (where applicable);
17. Continuous Synopsis Record (CSR) (Form JSR71) from Previous Flag;
18. Declaration of Information - Continuous Synopsis Record (Form JSR 74);
19. Declaration of Company Security Officer (DCSO) (Form JSR 75);
20. Application for Certificate of Insurance (Form JSR 79);
21. LRIT Conformance Test Report.

REQUIREMENTS FOR THE (PERMANENT) REGISTRATION OF A SHIP JAMAICAN

In addition to the above requirements, the following must be provided for Permanent Registration of a Ship Jamaican:

1. Certificate of Deletion, Cancellation or De-registration at or before the date and time of registration (if not provided in earlier package for a previously registered ship).
2. Safety Certificates issued by or under the authority of the Maritime Authority of Jamaica (where applicable).
3. Crew documents and/or applications as appropriate.
4. Carving and Marking Note (Form JSR05) duly completed.



**DECLARATION OF OWNERSHIP
ON BEHALF OF A BODY CORPORATE/PARTNERSHIP/INDIVIDUAL AS OWNER**

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, <input type="checkbox"/>MOTOR, <input type="checkbox"/>STEAM <input type="checkbox"/>SAILING	

SECTION 2 QUALIFICATION FOR OWNERSHIP OF A JAMAICAN SHIP

I _____ of _____
(Name of individual /Position) (Name of Body corporate/partnership /FME)

Foreign Maritime Entity (FME) Body Corporate Partnership

duly incorporated under the laws of _____ and having principal place of business/residence at _____
(Address)

DECLARE AS FOLLOWS:

- That the above description of the ship is correct.
- The said ship was built atIn the year 20..... The time and place¹ of her building is not known to me.
- The said ship is free from encumbrances.
- That the said body corporate/partnership/foreign maritime entity¹ was established under the Laws of the state of jurisdiction on theday of 20..... , remains in good standing and may Own/Operate ships.
- To the Best of my knowledge and belief no unqualified person (s)/body is entitled as owner to any legal or other interest in the vessel or any share therein.
- That a formal agreement exists with the Authorized Representative to represent the Owner in this capacity (For Foreign Maritime Entity).
- That the said body corporate/partnership/individual* is entitled to be registered as Owner of shares
Or
Joint Owner of shares with the other owners listed overleaf

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

DECLARED BEFORE ME

Thisday of20.....

.....
Signature

.....
Name (Please print)

.....
Address

.....
Address

.....
Signature

Seal

¹ Delete whichever does not apply

List of remaining joint owners (if applicable)		
Full Name	Address	Occupation

(To be completed in the case of a vessel which has been condemned)

The vessel was condemned by _____
Name of Court

at _____ on _____
Place of Condemnation Date of Condemnation

Name of Master _____ Citizenship _____

Certificate of Competency or Service Number _____

Note 1 Qualifications to own a vessel registered in Jamaica are set out in Section 20 of the Shipping Act, 1998.

Note 2 Declarations shall be made before a Registrar or Justice of the Peace, or a Consular Officer or before any person authorized by law to administer oaths.

Note 3 Declaration may be made on behalf of a Corporation by an officer of the Corporation authorized by it for the purpose. Such Authorization may be evidenced by the affixing of the Seal of the Corporation to this declaration or a document in writing executed by the Corporation under its Seal in which the declarant is authorized to sign on its behalf.

- For Individual Ownership, the owner must be a Jamaican Citizen
TRN Number _____



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 ENGINE(S)				
PROPELLING ENGINES								
DESCRIPTION OF ENGINE(S)	NO. GENERATORS	BHP/KW PROPULSION	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: Deck Two <input type="checkbox"/> Three <input type="checkbox"/> Engine Two <input type="checkbox"/> Three <input type="checkbox"/>								
PROPOSED MANNING SCHEDULE								
GRADE/CAPACITY	CERTIFICATE (STCW REG.)	NUMBER OF PERSONS	GRADE/CAPACITY	CERTIFICATE (STCW REG.)	NUMBER OF PERSONS	GRADE/CAPACITY	CERTIFICATE (STCW REG.)	NUMBER OF PERSONS
<i>Deck Officers</i>			<i>Engine Officers</i>			<i>Miscellaneous</i>		
Master	II/2 or II/3 ¹		Chief Engineer	III/2 or III/3 ¹		Cook		
Chief Officer	II/2 or II/3 ¹		Second Engineer	III/2 or III/3 ¹				
OICNW	II/1 or II/3 ¹		OICEW	III/1				
			Electro-Technical Officer	III/6				
<i>Deck Ratings</i>			<i>Engine Ratings</i>					
Able Seafarer Deck	II/5		Able Seafarer Engine	III/5				
Rating forming part of a Navigational Watch	II/4		Rating forming part of a Engine Watch	III/4				
Other Deck Ratings	VI/1 and VI/6		Electro-Technical	III/7				
			Other Engine Ratings	VI/1 and 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	
		Fax No	
		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	



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: _____



**APPLICATION FOR CERTIFICATE OF INSURANCE OR
OTHER FINANCIAL SECURITY IN RESPECT OF
CIVIL LIABILITY FOR BUNKER OIL POLLUTION DAMAGE**

Issued in accordance with the provisions of Article 7 of the International Convention on Civil Liability for Bunker Oil Pollution Damage, 2001

SECTION 1 OWNER'S PARTICULARS (Registered Owner) <small>(see note 1)</small>	
Ship Owner's Name	
Ship Owner's Address	
Telephone	Fax
SECTION 2 APPLICANT'S PARTICULARS <small>(see note 1)</small>	
Name	
Status	
<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Authorised Agent (Please forward authorization from the Owner)	
If applicant is other than the Owner	
Company's Name	
Address	
Telephone	Fax

_____ Seal _____
Name & status in the company (B) *Signature & Date*

EXPLANATORY NOTES

Note 1

- A) The applicant may be one of the following
 - a. The Registered Owners of the vessel; or
 - b. Any other person specifically authorised in writing by the Owner
- B) If the Applicant is a company, the Director or Secretary of the company should sign the application form.
- C) "Type of Ship" is as indicated on classification certificate.
- D) Indicate the ship's Official Number and IMO Identification Number.
- E) Indicate the ship's tonnage. The ship's tonnage shall be the gross tonnage calculated in accordance with the tonnage measurement regulations contained in Annex I of the International Convention on Tonnage Measurement of Ships, 1969.
- F) Indicate whether insurance contract, P & I cover, Bank Guarantee, etc. If security is finished in several forms, these should be enumerated.
- G) The period of validity of the security must be stated in terms of its exact dates of commencement and cessation and must coincide with the dates given in the insurer's or guarantor's etc certificate.
- H) Name (s) and address(es) of Insurer(s) and/or Guarantor(s) providing the security must be listed here. If the total amount of security has been furnished by more than source, the amount of each of them should be indicated.

Note 2

- I) A Blue Card in the interest of the Maritime Authority of Jamaica is to accompany this application. A Blue Card is a Certificate attesting that insurance or other financial security is in force in accordance with the provisions of the Bunkers Convention.



**APPLICATION FOR CERTIFICATE OF INSURANCE OR
OTHER FINANCIAL SECURITY IN RESPECT OF CIVIL
LIABILITY FOR BUNKER OIL POLLUTION DAMAGE**

Name & Type of Ship (C)	Official Number (D)	IMO Ship Identification Number (D)	Flag of Registry	Convention Tonnage (E)	Security		Name(s) and Address(es) of Insurer(s) and/or Guarantor(s) (H)
					Type (F)	Period of Validity (G)	

For Official Use

Certificate Number: _____	Pmt:\$ _____	Rt/Chq No: _____	Receive: _____
	Date : _____	Date : _____	