



## 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 <sup>1</sup>		Chief Engineer	III/2 or III/3 <sup>1</sup>		Cook		
Chief Officer	II/2 or II/3 <sup>1</sup>		Second Engineer	III/2 or III/3 <sup>1</sup>				
OICNW	II/1 or II/3 <sup>1</sup>		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	