



# GUARDIAN BUREAU OF SHIPPING

## APPLICATION FOR SHIP REGISTRATION

TYPE OF REGISTRATION APPLIED FOR    Provisional / Permanent        Special Purpose\* :        maximum 3 months

VESSEL DETAILS			
<b>New Name for Registration</b>	<b>Previous Name</b>	<b>Intended Port of Registry</b>	<b>IMO Number</b>
<b>Current Name or Hull Number, if under construction</b>		<b>Current Registry</b>	<b>Current Official Number</b>
<b>Gross Tonnage</b>	<b>Net Tonnage</b>	<b>Deadweight</b>	<b>Type of Vessel</b>
<b>Length (m)</b>	<b>Breadth (m)</b>	<b>Depth (m)</b>	<b>Draught (m)</b>
<b>Year Built / Keel laid</b>	<b>Hull Number/Country</b>	<b>Builder's Name &amp; Place</b>	<b>Material of Hull</b>
<b>Number of Bridge</b>	<b>Number of Decks</b>	<b>Number of Masts</b>	<b>Number of Funnels</b>
<b>Number of Main Engines</b>	<b>Type (Steam/Motor)</b>	<b>Make / Model of Engine</b>	<b>Number of Generators</b>
<b>Number of Cylinders</b>	<b>Number of propeller</b>	<b>Number of Aux. Engine</b>	<b>Propeller Shaft type/Number</b>
<b>Main Engine Power (kw)</b>	<b>Speed (knots)</b>	<b>Engine Room UMS Operation (Y/N) - (if yes, indicate Class Notation)</b>	



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TYPE OF VOYAGE / TRADING	
(please mark appropriate box with an 'X')	
<input type="checkbox"/> : Coastal Trading	<input type="checkbox"/> : Scrap / Delivery Voyage
<input type="checkbox"/> : Unrestricted Trading (International)	<input type="checkbox"/> : Other – Give details

DETAILS OF OWNER(S)*			
*for more than two owners, a continuation sheet is to be completed with details of the other owners as below. Please tick here ( ) if continuation sheet is added			
Full Name of First (or only) Owner :		Tel :	
Address: Address Line 1 :		Fax :	
Address Line 2 :		Email:	
Town/City :		Post/zip Code	
Country :		Passport Number (for individuals)	
Full Name of Second Owner (If applicable)		Tel :	
Address: Address Line 1 :		Fax :	
Address Line 2 :		Email:	
Town/City :		Post/zip Code	
Country :		Passport Number (for individuals)	

DETAILS OF COMPANY RESPONSIBLE FOR MANAGEMENT			
*if different from Owners (The Managers)			
Full Name of Company :			
Designated Person :	Designation in management company :		
Address: Address Line 1:			
Address Line 2 :		Tel :	
Town/City :		Fax :	
Post / Zip Code :	Country :	Email :	
Name of Company security officer (CSO)	Designation in management company :		
Address: Address Line 1:			
Address Line 2 :		Tel :	
Town/City :		Fax :	
Post / Zip Code :	Country :	Email :	



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## CLASSIFICATION SOCIETY

(please mark appropriate box with an 'X')

<b>Present Class</b>		<b>Requested Class</b>	
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## RADIO COMMUNICATION

(Tick (x) where necessary)

<b>AAIC for Radio Communications</b>		<b>AAIC/PSA for Inmarsat Services</b>		
<b>MMSI required (yes/no)</b>		<b>Name of Radio Operator</b>		
<b>Radio equipment used</b>	<b>RT [ ]</b>	<b>GMDSS [ ]</b>	<b>OTHERS [ ]</b>	
<b>GMDSS Area</b>	<b>A1 [ ]</b>	<b>A2 [ ]</b>	<b>A3 [ ]</b>	<b>A4 [ ]</b>

## RADIO EQUIPMENTS

<b>RADIO EQUIPMENT</b>	<b>MANUFACTURER</b>	<b>MAKE/MODE</b>	<b>FREQUENCY / EMISSION</b>
VHF RADIOTELEPHONY			
VHF/DSC WATCH RECEIVER (Encoder / Decoder)			
MF RADIOTELEPHONY			
MF/DSC WATCH RECEIVER (Encoder / Decoder)			
MF/HF RADIOTELEPHONY			
MF/HF DSC WATCH RECEIVER (Encoder / Decoder)			
DIRECT PRINTING RADIO TELEGRAPHY (NBDP)			
INMARSAT SES (A)			
(B)			
(C)			
NAVTEX RECEIVER			
EGC RECEIVER			
SATELLITE EPIRB			
VHF EPIRB			
RADAR TRANSPONDER (SART)			
GPS DIRECTION FINDER			
TWO WAY VHF TRANSCEIVER			
RADAR (1)			
RADAR (2)			



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MAIN TRANSMITTER			
MAIN RECEIVER			
RESERVE TRANSMITTER / TRANSCEIVER			
AUTO ALARM APARATUS			
AUTOMATIC KEYING DEVICE			
HANDHELD VHF			
AIS			
LIFEBOAT VHF			

## MANNING COMPLIMENTS

DECK	STCW 95 / NUMBER	ENGINE	STCW 95 / NUMBER
MASTER		CHIEF ENGINEER	
CHIEF MATE		1 <sup>ST</sup> ENGINEER	
1 <sup>ST</sup> OFFICER		2 <sup>ND</sup> ENGINEER	
2 <sup>ND</sup> OFFICER		3 <sup>RD</sup> ENGINEER	
3 <sup>RD</sup> OFFICER		4 <sup>TH</sup> ENGINEER	
4 <sup>TH</sup> OFFICER		ENGINEER ROOM OFFICER	
DECK OFFICER		OILER	
ABLE SEAMAN (A.S)			
ORDINARY SEAMAN (O.S)			
BOSUN			
COOK			

## TRADING CERTIFICATES

NAME OF CERTIFICATES	EXISTING CERTIFICATES		NEW CERTIFICATES (PROPOSED)	
	ISSUED BY	EXPIRED ON	CLASS	SURVEYOR
INTERNATIONAL LOADLINE				
INTERNATIONAL TONNAGE				
IOPP				
SAFETY CONSTRUCTION				
SAFETY RADIO				
SAFETY EQUIPMENT				
PASSENGER SHIP SAFETY				
FITNESS / SEAWORTHINESS				
DOC				



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SMC				
ISSC				
CSR				
CLASS HULL				
CLASS MACHINERY				
OTHERS				

<b>MORTGAGE DATA</b> (if applicable)		
	<b>First Preferred Mortgage</b>	<b>Second Preferred Mortgage</b>
Full Name of Mortgagee :		
Address Line 1 :		
Address Line 2 :		
Town / City :		
Post / ZIP Code :		
Country :		
Total Amount of Mortgage :		
Discharge Amount :		
Date of Maturity :		
Name of Assignee :		

<b>APPLICANTS DATA</b>			
Name of Applicant		Port where the ship is now	
Address		Intended Date of registration	
Citizenship/Passport No.		Where to send the documents	