



**APPLICATION FOR  
MINIMUM SAFE MANNING CERTIFICATE**



Merchant Shipping Directorate

**Transport Malta**

<b>A. GENERAL</b>					
1. Name of Ship		2. Official Number		3. IMO Number	
4. Type of Ship			5. Year of Build		
6. Area of Navigation (a)					
Unlimited: <input type="checkbox"/>		Restricted: <input type="checkbox"/>			
<b>B. REGISTER DIMENSIONS</b>					
7. Length Overall		8. Beam		9. Certified Crew Accommodation	
10. Gross Tonnage (ITC'69)			11. Gross Tonnage (Prior to ITC'69), if applicable		
<b>C. PROPELLING ENGINES</b>					
12. Number and Description of Engine/s			13. BHP / KW		14. Speed (Knots)
15. Does vessel hold a valid Unmanned Machinery Space (UMS) documentary evidence				Yes	No
				<input type="checkbox"/>	<input type="checkbox"/>
16. Bridge Control		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
<b>D. LIFE SAVING APPLIANCES</b>					
17. Lifeboats					
Type:		Total Number:		Total Capacity:	
18. Thrown – In Type Liferrafts					
Total Number:		Total Capacity:		19. Davit Launched Liferrafts	
				Total Number:	
				Total Capacity:	
<b>E. OTHER DETAILS</b>					
20. Type of Mooring Winches			21. External Communications		
			WT	RT	GMDSS
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Unusual Characteristics or Special Features of Ship or Other Details					
<b>F. APPLICABLE ONLY FOR PASSENGER SHIPS</b>					
23. Number of Passengers that ship is certified to carry			24. Area of Navigation (b)		
<b>G. OWNER/CHARTERER/S AND MANAGERS</b>					
25. Name & Address of Registered Owners/Charterers			26. Telephone No: Fax No:		
27. Name and Address of Managers			28. Telephone No: Fax No: E-Mail: AOH No: Contact Person:		
I certify that to the best of my knowledge the particulars given by me in this form are correct.					
Date _____			Signature of Owner/Charterer/Manager/Authorised Agent		
(a) Where applicable, indicate Restricted Area of Navigation					
(b) If Restricted, indicate Consecutive Ports of Call					