



**APPLICATION FOR MINIMUM SAFE MANNING
CERTIFICATE FOR COMMERCIAL YACHTS AND
COMMERCIAL CRUISING VESSELS**



Merchant Shipping Directorate

Transport Malta

A. GENERAL			
1. Name of Ship		2. Official Number	3. IMO Number
4. Type of Ship (Motor/Sailing Yacht)		5. Year of Build	
6. Area of Navigation – Miles from Safe Haven Over 150 nm <input type="checkbox"/> Up to 150 nm <input type="checkbox"/> Up to 60 nm <input type="checkbox"/>			
B. REGISTER DIMENSIONS			
7. Length Overall		8. Beam	9. Certified Crew Accommodation
10. Gross Tonnage (ITC'69)		11. Net Tonnage	
C. PROPELLING ENGINES			
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	16. Bridge Control
			Yes
D. LIFE SAVING APPLIANCES			
17. Lifeboats Type: _____ Total Number: _____ Total Capacity: _____			
18. Thrown – In Type Liferafts Total Number: _____ Total Capacity: _____		19. Davit Launched Liferafts Total Number: _____ Total Capacity: _____	
E. OTHER DETAILS			
20. Type of Mooring Winches		21. External Communications WT <input type="checkbox"/> RT <input type="checkbox"/> GMDSS <input type="checkbox"/>	
22. Unusual Characteristics or Special Features of Ship or Other Details			
F. APPLICABLE ONLY FOR PASSENGER SHIPS			
23. Number of Passengers that ship is certified to carry:			
G. OWNER/CHARTERER/S AND MANAGERS			
24. Name & Address of Registered Owners/Charterers		25. Telephone No: Fax No:	
26. Name and Address of Managers		27. 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	

Please forward to:
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