

Application Document No.		Application Date	
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APPLICATION FOR SURVEYS AND ISSUE OF CERTIFICATES

To: ASIA PACIFIC REGISTER OF SHIPPING

BILLING CONTACT * Please complete the following on in cases where the billing contact and the above applicant are different.

We ensure the payment of all survey fees and expenses incurred in the below-mentioned survey(s) and/or issue of relevant certificate(s).

Name	APPLICANT	Signature of Applicant	
Address		Name in Block Capitals	
	TEL FAX	E-mail	

We hereby request that you carry out survey(s) and/or issue certificate(s) described below. This request is made on the basis that we accept the provisions of *REGULATIONS FOR THE CLASSIFICATION AND REGISTRY OF SHIPS, CONDITIONS OF SERVICE FOR CLASSIFICATION OF SHIPS AND REGISTRATION OF INSTALLATIONS and REGULATIONS FOR THE ISSUE OF STATUTORY CERTIFICATES* (as well as the provisions of *REGULATIONS FOR TECHNICAL SERVICES* when requesting technical services) of ASIA PACIFIC REGISTER OF SHIPPING and that we allow flag authorities and authorized audit teams on board for the purpose of their assessing ASIA PACIFIC REGISTER OF SHIPPING's compliance with applicable rules, regulations and quality standard. Whether surveys are completed or not, we agree to pay all survey fees and expenses incurred because of the above-mentioned survey(s) and/or issuance of relevant certificate(s) within the payment term designated on your invoice.

Ship's Name:			G.T.	Class No.
Ship owner				IMO No.
Flag			Official No.	Call Sign
Purpose of Ship			Service Area	Other Class (if Any)
1. Survey(s) to be carried out (Please tick in the appropriate box(es))				
(1) Class Maintenance Surveys				
<input type="checkbox"/> Special Survey (SS) No. ()			<input type="checkbox"/> Incomplete / <input type="checkbox"/> Complete	
<input type="checkbox"/> Intermediate Survey (IS)			<input type="checkbox"/> Incomplete / <input type="checkbox"/> Complete	
<input type="checkbox"/> Annual Survey (AS)				
<input type="checkbox"/> Docking Survey	<input type="checkbox"/> Normal	Docking Survey	<input type="checkbox"/> In-Water Survey In lieu of Docking Survey	
<input type="checkbox"/> Propeller Shaft Survey (PS)	<input type="checkbox"/> No.1	<input type="checkbox"/> Ordinary Survey / <input type="checkbox"/> Partial Survey		<input type="checkbox"/> Survey once every 15 or 18* years
		Extension Surveys	<input type="checkbox"/> Extension up to 1 year /	<input type="checkbox"/> Extension up to 3 months
	<input type="checkbox"/> No.2	<input type="checkbox"/> Ordinary Survey / <input type="checkbox"/> Partial Survey		<input type="checkbox"/> Survey once every 15 or 18* years
		Extension Surveys	<input type="checkbox"/> Extension up to 1 year /	<input type="checkbox"/> Extension up to 3 months
Ships with the notation PSCM or PSCM - A				
	<input type="checkbox"/> No.1	<input type="checkbox"/> Ordinary Survey /		<input type="checkbox"/> Survey once every 15 or 18* years
		Extension Surveys	<input type="checkbox"/> Extension up to 1 year /	<input type="checkbox"/> Extension up to 3 months
	<input type="checkbox"/> No.2	<input type="checkbox"/> Ordinary Survey /		<input type="checkbox"/> Survey once every 15 or 18* years
		Extension Surveys	<input type="checkbox"/> Extension up to 1 year /	<input type="checkbox"/> Extension up to 3 months
Ships with the notation APSS-O or APSS-W				
	<input type="checkbox"/> No.1	<input type="checkbox"/> Method 1 / <input type="checkbox"/> Method 2 / <input type="checkbox"/> Method 3		<input type="checkbox"/> Survey once every 15 years
		Extension Surveys	<input type="checkbox"/> Extension up to 2.5 year / <input type="checkbox"/> Extension up to 1 year / <input type="checkbox"/> Extension up to 3 months	
	<input type="checkbox"/> No.2	<input type="checkbox"/> Method 1 / <input type="checkbox"/> Method 2 / <input type="checkbox"/> Method 3		<input type="checkbox"/> Survey once every 15 years
		Extension Surveys	<input type="checkbox"/> Extension up to 2.5 year / <input type="checkbox"/> Extension up to 1 year / <input type="checkbox"/> Extension up to 3 months	
*For non-Micronesia flagged inland waterway ships.				
<input type="checkbox"/> Boiler Survey (BS)	<input type="checkbox"/> NO.	<input type="checkbox"/> NO.2	<input type="checkbox"/> NO.3	
<input type="checkbox"/> Planned Machinery Surveys (PMS)	<input type="checkbox"/> Continuous Machinery Survey (CMS)		<input type="checkbox"/> Planned Machinery Maintenance Scheme (PMS)	<input type="checkbox"/> Periodical Surveys (PS)

Application for Surveys and Issue of Certificates Form 2A (Rev. Jul. 2016)

Ship's Name		Class No.	
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(2) Installation Surveys

<input type="checkbox"/> Cargo Handling Appliances (CHG)		<input type="checkbox"/> Annual Thorough	<input type="checkbox"/> Load Test	<input type="checkbox"/> Occasional
<input type="checkbox"/> Automatic and Remote-Control		Q MC / O MO. (* A / B / C / D) (* Delete as		
		<input type="checkbox"/> Special	<input type="checkbox"/> Annual	<input type="checkbox"/> Occasional
<input type="checkbox"/> Cargo Refrigerating Installations		<input type="checkbox"/> Special [<input type="checkbox"/> Commence / <input type="checkbox"/> incomplete / <input type="checkbox"/> Complete]		
		<input type="checkbox"/> Annual	<input type="checkbox"/> Continuous	<input type="checkbox"/> Occasional
<input type="checkbox"/> Crew Accommodation Arrangement (CAA) (Applicable only to Micronesia)				
		<input type="checkbox"/> Special	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Navigation Bridge System (BRS)		<input type="checkbox"/> Special		<input type="checkbox"/> Annual
<input type="checkbox"/> Preventive Machinery Maintenance Systems (PMM)		<input type="checkbox"/> Special		<input type="checkbox"/> Annual
<input type="checkbox"/> integrated Fire Control Systems (IFC)		<input type="checkbox"/> Special	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Hull Monitoring System (HMS)				<input type="checkbox"/> Annual
<input type="checkbox"/> Diving Systems (DVS)		<input type="checkbox"/> Special		<input type="checkbox"/> Annual
(3) Statutory Surveys ('Delete as				
<input type="checkbox"/> Load Line (LL)		<input type="checkbox"/> Initial / Renewal		<input type="checkbox"/> Annual
<input type="checkbox"/> Safety Construction (SC)		<input type="checkbox"/> Initial / Renewal	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Safety Equipment (SE)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> Intermediate/Periodical	<input type="checkbox"/> Annual
<input type="checkbox"/> Safety Radio (SR)		<input type="checkbox"/> * Initial / Renewal		<input type="checkbox"/> Periodical
<input type="checkbox"/> Chemical Fitness Cert. (CHM)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Gas Fitness Cert. (GAS)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Dangerous Goods Fitness (DG)		<input type="checkbox"/> * Initial / Renewal		<input type="checkbox"/> Occasional
<input type="checkbox"/> Oil Pollution Prevention (OPP)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Noxious Liquid Substances in Bulk (NLS)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Sewage Pollution Prevention (SPP)		<input type="checkbox"/> * Initial / Renewal		<input type="checkbox"/> Occasional
<input type="checkbox"/> Air Pollution Prevention (APP)		<input type="checkbox"/> * Initial / Renewal	<input type="checkbox"/> intermediate	<input type="checkbox"/> Annual
<input type="checkbox"/> Energy Efficiency (EE)		<input type="checkbox"/> initial		<input type="checkbox"/> Occasional
<input type="checkbox"/> Anti-Fouling System (AFS)		<input type="checkbox"/> Initial		<input type="checkbox"/> Periodical

Remarks: The above survey items apply for HSSC certificates. Please tick the equivalent survey items for Non-HSSC certificates (4) Other Survey(s)

Other Survey(s) (Contents:

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Remarks: Periodical Survey/Audit for Classification Notation(s) of Guidelines (EA, IHM, NVC, MVA, HVS, BWTS etc.) are carried out at the occasion of Annual (AS)/intermediate(IS)/Special Survey(SS) for Classification. If you do not intend to maintain these Notation(s), please inform to our Survey Site in advance.

2. Certificate(s) to be issued (Please tick in the appropriate box(es))

<input type="checkbox"/> Classification Cert.	<input type="checkbox"/> Installation Registration Cert.	<input type="checkbox"/>	<input type="checkbox"/> Cargo Gear Load Test Certificate	<input type="checkbox"/>	<input type="checkbox"/> LL Certificate
<input type="checkbox"/> SC Certificate	<input type="checkbox"/> SE Certificate	<input type="checkbox"/>	<input type="checkbox"/> SR Certificate	<input type="checkbox"/>	<input type="checkbox"/> Exemption Cert. (
<input type="checkbox"/> Chemical Fitness Cert.	<input type="checkbox"/> Gas Fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/> Dangerous Goods Fitness Cert.	<input type="checkbox"/>	<input type="checkbox"/> OPP Certificate
<input type="checkbox"/> NLS Certificate	<input type="checkbox"/> SPP Certificate	<input type="checkbox"/>	<input type="checkbox"/> APP Certificate	<input type="checkbox"/>	<input type="checkbox"/> EE Certificate
<input type="checkbox"/> AFS Certificate		<input type="checkbox"/>	<input type="checkbox"/> International Tonnage Cert. (ITC)	<input type="checkbox"/>	<input type="checkbox"/> SF Certificate (The combination forms of
<input type="checkbox"/> Other ()					

Remarks: Please submit an "APPLICATION FOR ISSUE OF CERTIFICATES (Form 4A)" separately, if LL, SC, SE, SR, SF, GAS and AFS are to be issued to Micronesia flag ships. For Statutory Certificates other than LL, SC, SE, SR, SF, GAS and AFS for Micronesia flag ships, please apply to the Micronesia Government.

- Date and Place of Survey (1) Place of Survey:

(2) Date of Survey

ETA:

ETD:

(3) Name of Local Agent:

Contact Person:

(Tel) _____ (Fax) _____ (E-mail)

- Message (if any)

- Supplementary note

(1) This form is also available for Micronesia flag ships.

(2) Please attach a copy of latest SHIP INSPECTION CERTIFICATE in case of Micronesia flag ships.

-The End -