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|  | **REPUBLIC OF THE MARSHALL ISLANDS**  **MARITIME ADMINISTRATOR** |

**APPLICATION FOR REGISTRATION**

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| ***Check all that apply*:** |
| **Newbuilding  Transfer from another flag**  **Re-registration  Laid-up  Self-Propelled  Non-Self-Propelled** |

PART 1. GENERAL

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| NEW NAME | | | PRESENT NAME | | | | IMO NUMBER |
|  | | |  | | | |  |
| PRESENT COUNTRY OF REGISTRY | SERVICE TYPE | | | | EXPECTED DATE OF REGISTRATION | | |
|  |  | | | |  | | |
| PRESENT CLASSIFICATION SOCIETY | | | INTENDED CLASSIFICATION SOCIETY (only if changing at registration) | | | | |
|  | | |  | | | | |
| NAME OF REGISTERED OWNER(S)1 | | DOMICILE / ADDRESS (full address) | | OWNER IMO NO. | | CITIZENSHIP | OWNERSHIP % |
|  | |  | |  | |  |  |

1 If more than one (1) Registered Owner, please attach an extra sheet.

PART 2. VESSEL PARTICULARS

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BUILT BY | | | HULL NO. | YEAR BUILT | | PLACE BUILT (City, Country) | | |
|  | | |  |  | |  | | |
| KEEL LAYING DATE | DATE AND PLACE OF CONVERSION (if applicable) | | PROPULSION TYPE | | ALTERNATIVE FUEL | | UMS | |
|  |  | |  | |  | | Yes  No | |
| DYNAMIC POSITIONING FITTED (if applicable) | | | TOTAL PROPELLING POWER | | DEADWEIGHT TONS | | | |
| Yes  No | | | KW | |  | | | |
| AS PER ITC ’69 (in Meters): | |  |  | |  | | |  |
| LENGTH | | BREADTH | DEPTH | | GROSS TONS | | | NET TONS |
|  | |  |  | |  | | |  |

PART 3. INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE DECLARATION OF COMPANY

|  |  |
| --- | --- |
| Is the ISM Code applicable?  Yes  No  Voluntary | |
| IMO ISM Code Company Number (if applicable): | Recognized Organization (RO) for Document of Compliance |

If Yes/Voluntary, name the organization that has assumed the responsibility and duties for operation of the vessel and has agreed in writing to take over the duties and responsibilities imposed by the ISM Code from the owner or if No, name the organization responsible for the vessel: *(if unknown at the time of application, please complete form MI-297A prior to the date of registration).* 2

|  |  |  |
| --- | --- | --- |
| Company Name 3: | | |
| Address 3: | | |
| Telephone: | Facsimile: | Email: |

2 Any change in ISM Code Company must be made in writing by submitting form [MI-297A](https://www.register-iri.com/wp-content/uploads/MI-297A-Declaration-of-Company.docx) to the Republic of the Marshall Islands Maritime Administrator.

3 Company Name and Address should be identical as per ISM Document of Compliance.

**PART 4. BILLING PARTICULARS**

Billing, including annual tonnage tax and maritime invoices, post registration will be addressed according to the following information:

Check if invoices are required in hard copy (invoices will be conveyed via e-mail unless otherwise specified)

Check if Maritime Invoices information is same as Annual Tonnage Tax Invoice information.

|  |  |
| --- | --- |
| ANNUAL TONNAGE TAX INVOICES | MARITIME INVOICES |
| Company: | Company: |
| Attention: | Attention: |
| Address: | Address: |
| Telephone: | Telephone: |
| Email:  Email: | Email:  Email: |

**PART 5. INSTRUMENT RECORDATION**

Do you intend to record a mortgage (), financing charter (), bill of sale4 (), or builder’s certificate ()?

4 Required for re-registration.

PART 6. OATH OF OWNER OR AUTHORIZED AGENT

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I, |  | , a citizen of |  | , |

hereby swear and affirm, in accordance with Section 209(1) of the Republic of the Marshall Islands (RMI) Maritime Act, that I am a duly authorized agent or officer of the owner(s), managing owner(s), or part owner(s) of the vessel as described in Part 1 herein and declare that all information contained in Parts 1 through 5 herein are true and correct and that, pursuant to Section 214(1) of the RMI Maritime Act, the Master has been ordered and instructed, upon receipt of the vessel’s RMI Provisional Certificate of Registry, to make the markings required by Section 230 of the RMI Maritime Act, and when transferring from another flag, to surrender the vessel’s documents issued by the Government of the Present Country of Registry as declared in Part 1 herein. I swear and affirm that the vessel will not be present in the waters of an embargoed nation5 at time of registration. I further hereby swear and affirm that the official tonnage of the vessel shall be the tonnage as calculated in accordance with the International Convention on Tonnage Measurement of Ships, 1969, if such calculation is different than as declared hereinabove.

5 For the purposes of this document embargoed nation shall include Iran, Syria, Cuba, North Korea, and the Donbas and Crimea regions of Ukraine.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Subscribed and Sworn Before me | | | | | | | | |  |
| this | |  |  | day of |  |  | 20 |  |  |
| at |  | | | | |  | | | (SIGNATURE) |
|  | | | | | |  | | |  |
| SIGNATURE OF NOTARY PUBLIC, OR OTHER OFFICER AUTHORIZED  BY RMI LAW TO ADMINISTER OATHS | | | | | |  | | | (TITLE) |

*SECTIONS 7, 8 AND 9 MAY BE COMPLETED IF INFORMATION IS AVAILABLE AT THE TIME OF APPLICATION.*

*IF UNKNOWN AT THE TIME OF APPLICATION DECLARATION FORM MI-297B MUST BE COMPLETED*

PART 7. DECLARATION OF RO FOR THE MARITIME LABOUR CONVENTION, 2006 (MLC, 2006)

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| --- |
| Is MLC, 2006 Certification applicable?  Yes  No  Voluntary |
| Is a National Statement of Compliance being requested for mobile offshore units?  Yes  No |
| The RO appointed for the issuance of a Maritime Labour Certificate (MLC) to the vessel is: |

PART 8. DECLARATION OF DESIGNATED PERSON ASHORE (DPA), DESIGNATED PERSON (DP), RO

|  |
| --- |
| If the ISM Code is Yes/Voluntary, name of the RO appointed for the issuance of a Safety Management Certificate (SMC): |

Pursuant to RMI Maritime Regulation 1.07, the DPA(s) (for ISM Code vessels) or DP(s) (for non-ISM Code vessels) is/are:

|  |  |  |
| --- | --- | --- |
| **Name of**  **DPA or**  **DP**: First Name:       Last Name: | | |
| Telephone: | 24-hour Mobile Telephone: | DP/A Email: |
| **Name of**  **Alternate DPA or**  **Alternate DP**: | | |
| Telephone: | 24-hour Mobile Telephone: | Email: |

**PART 9. DECLARATION OF RECOGNIZED SECURITY ORGANIZATION (RSO)/COMPANY SECURITY OFFICER (CSO)**

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| --- |
| Is the International Ship and Port Facility Security (ISPS) Code applicable?  Yes  No  Voluntary |
| If Yes/Voluntary, name the RSO appointed for the issuance of an International Ship Security Certificate (ISSC): |

Pursuant to Chapter XI-2, Regulation 4, of the International Convention for the Safety of Life at Sea, 1974, as amended, and the ISPS Code the CSO(s) is/are:

|  |  |  |
| --- | --- | --- |
| **Name of CSO**: First Name:       Last Name: | | |
| Telephone: | 24-hour Mobile Telephone: | CSO Email: |
| **Name of Alternate CSO**: | | |
| Telephone: | 24-hour Mobile Telephone: | Email: |

The undersigned affirms that he/she is authorized to act on behalf of the Company and that the information contained in Parts 7, 8 and 9 herein are true and correct and that any change in DPA(s), DP(s), CSO(s), (RO)s or RSO(s) must immediately be made in writing by submitting the appropriate form(s) to the Administrator, electronically or otherwise.

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| --- | --- |
|  |  |
| Print Name & Title Signature | Date |