**Republic of the Marshall Islands**

**Maritime Administrator**

**APPLICATION FOR MINIMUM SAFE MANNING CERTIFICATE - YACHT**

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| Owner/Operator Name:      | Address:      |
| Point of Contact Name:      |
| Phone Number:       | Email:       |
| Name of Yacht:      | Previous Name of Yacht (if applicable):      |
| Official Number:       | IMO Number:       |
| Length (LWL):       | Delivery Date:       |
| Gross Tonnage:       | Material of Hull:  |
| Area of Operation: [ ]  <60 nm (2) [ ]  60 – 150 nm (1) [ ]  unlimited (0) |
| Number of Main Engines:       | Number of Crew Berths:       |
| KW Propulsion per Engine:       | Number of Guest/Passenger Berths:       |
| Motor: [ ]  Sail: [ ]  |
| Classification Society and/or Appointed Representative:       |
| Type of Registry:  Declared Compliance:  |

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| **FOR NEW REGISTRATIONS ONLY** |
| Expected Date of Registration: |       |  |
| Expected Location of Registration: |       |  |
| Comments / Special operational considerations or vessel configurations that may affect manning:      |  |

This application will be reviewed by the Maritime Administrator and a Minimum Safe Manning Certificate will be issued under the authority of Maritime Regulation 7.38.6, subject to all necessary information requested being provided. Special proposals or requests for non-standard manning should be attached to this application with complete supporting documentation.

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| Print Name of Applicant: |       |

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| Title: |       | Date: |       |

|  |  |
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| Signature of Applicant: |  |

Questions regarding manning and training requirements may be addressed to: seafarers@register-iri.com.