**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: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Date: |  |

|  |  |
| --- | --- |
| Signature of Applicant: |  |

Questions regarding manning and training requirements may be addressed to: [seafarers@register-iri.com](mailto:seafarers@register-iri.com).