

Class SRU

**APPLICATION FOR CLASSIFICATION & STATUTORY SERVICES
FOR VESSEL IN SERVICE**

To: SHIPPING REGISTER OF UKRAINE

APPLICANTS DETAILS

Company		Ship owner	<input type="checkbox"/>	Manager	<input type="checkbox"/>
		Agent	<input type="checkbox"/>	Other	<input type="checkbox"/>
Address		Contact Person			
Country		Tel			
E-mail		Fax			

VESSEL'S MAIN PARTICULARS

Vessel Name		IMO No	
Flag		Port of registry	
Type of ship		Date of last Special Class Survey	
Date of survey		Place of survey	

SERVICE REQUESTED

1. The undersigned hereby requests Shipping Register of Ukraine (SRU) to perform classification survey:

Special	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Annual	<input type="checkbox"/>	Inspection of the outside of the ship's bottom	<input type="checkbox"/>	Occasional	<input type="checkbox"/>	Repairs, alterations	<input type="checkbox"/>
A reason of an occasional survey											

2. The undersigned hereby requests SRU to perform _____ statutory surveys and to issue/endorse statutory certificates on behalf of Administration of _____ relating to the following international conventions / codes:

TONNAGE Convention 69	<input type="checkbox"/>	SOLAS 74/88	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
Load Lines Convention 66/88	<input type="checkbox"/>	MARPOL 73/78/97	<input type="checkbox"/>		<input type="checkbox"/>
IMSBC Code	<input type="checkbox"/>	IBC Code	<input type="checkbox"/>		<input type="checkbox"/>
Anti-Fouling 01	<input type="checkbox"/>	BWM Convention 2004	<input type="checkbox"/>		<input type="checkbox"/>
ILO 152 (Cargo Gear)	<input type="checkbox"/>	IMDG Code	<input type="checkbox"/>		<input type="checkbox"/>

Additional information / Remarks:

BILLING CONTACT DETAILS (pls fill if different from the above applicant details)

Company		Person in charge	
Address		Tel	
Country		Fax	24h:
E-mail			

The payment of all fees and expenses incurred as a result of the fulfillment of above mentioned survey is guaranteed regardless of its result.
 Thorough preparation of the vessel for survey and safety condition of work for surveyor is guaranteed.
 We confirm the correctness and truthfulness of information stated in the Application.
 We are acquainted with General Conditions of Performing Services/ Work by SRU and relevant provisions of Rules.
 We don't mind entry of personal data in SRU database.

Date _____ 20 _____ Signature _____

LS

It is necessary to mark _____ in the box if the appropriate parametre is chosen.