



Office of
Deputy Commissioner
of Maritime Affairs

THE REPUBLIC OF LIBERIA

LIBERIA MARITIME AUTHORITY

8619 Westwood Center Drive
Suite 300
Vienna, Virginia 22182, USA
Tel: +1 703 790 3434
Fax: +1 703 790 5655
Email: safety@liscr.com
Web: www.liscr.com

INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE DECLARATION OF COMPANY

Under the ISM Code, the declared Safety Management Company must provide contact information to the Administration. In accordance with Section 1.1.2 of the ISM Code, "Company" means the Owner of a ship or any other organization or person such as the Manager, or the Bareboat Charter, who has assumed the responsibility for operation of the ship from the Shipowner and who on assuming such responsibility has agreed to take over all the duties and responsibility imposed by the Code. The undersigned affirms that:

Name: _____

Address: _____

Telephone: _____ Fax: _____

OE at: _____

is the Owner of record of the following Liberian registered Ship(s):*

| Ship Name: | Official Number: | IMO Number: |
|------------|------------------|-------------|
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In accordance with Section 3.1 of the ISM Code, if the entity responsible for the operation of the ship is other than the above stated Owner, the Owner must report the full name and details of such entity to the Administration. If such is the case here, the undersigned affirms that the "Company" responsible for all the requirements imposed by the Code for the Liberian registered Ship(s) listed above is:

Company: _____ Company IMO Number: _____

Address: _____

Telephone/ Work: _____ Fax: _____

E-Mail: _____

The undersigned further understands that any change in "Company" must be reported in writing by facsimile or email to: safety@liscr.com within two full business days to the Deputy Commissioner of Maritime Affairs.

Chairman or C.E.O. of Shipowner
Date: _____

* Additional sheets may be attached if needed.



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**INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE
DECLARATION OF DESIGNATED PERSON ASHORE**

To ensure the safe operation of each ship and to provide a link between the “Company” and those onboard, every “Company”, as appropriate, shall designate a person or persons ashore having direct access to the highest level of management. The responsibility and authority of the designated person or persons shall include monitoring the safety and pollution prevention aspects of the operation of each ship and to ensure that adequate resources and shore based support are applied, as required.

The undersigned affirms that (1) _____
(name of Designated Person Ashore)

and (2), as alternate, _____
(name of alternate Designated Person Ashore)

has(ve) been assigned pursuant to Liberian Maritime Regulation 2.35 and Section 4, of the ISM Code, as the “Designated Person(s) Ashore” for the following Liberian registered Ship(s):*

Ship Name: _____ Official Number: _____ IMO Number: _____

| | | |
|--|--|--|
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| | | |
| | | |

The undersigned has also undertaken that the said “Designated Person(s)” will be available to the Office of the Deputy Commissioner of Maritime Affairs for Marine Safety at any time, as follows:

Name: _____

Address** : _____

Telephone/ Work: _____ Fax: _____

Telephone After Hours: _____ Cell Phone/Pager: _____

E-Mail: _____

The undersigned further understand that any change in the said “Designated Person(s)” must be reported in writing by facsimile or email to: safety@liscr.com within two full business days.

Chairman or C.E.O. of “Company

Date: _____

* Additional sheets may be attached if needed.

** Full street address of the “Designated Person(s)” to which official correspondence and materials may be sent.