

# CARGO GEAR FITNESS

Occasional survey report for completion of recommendations

Rep. No. \_\_\_\_\_ <sup>(1)</sup>

Name of ship	Distinctive number or letter	Port of registry	Gross tonnage	Type of ship <sup>(2)</sup>	IMO No.

Name, address and telefax of
Owners:
Managers:

Place of survey <input type="checkbox"/> Drydock <input type="checkbox"/> Slipway <input type="checkbox"/> Afloat At: _____ Place/date last survey _____	Survey commenced:  Survey completed:
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Surveyor notations
Note: use another page if necessary

After having examined the vessel as reported:  
 I have extent the Conditional Cargo gear fitness Certificate No. \_\_\_\_\_ valid until \_\_\_\_\_  
 I recommend the issue of Cargo gear fitness Certificate valid for a period of 5 years.  
 No full Cargo gear fitness Certificate is to be issued before the survey if completed.

Issued at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
 Surveyor to  
 INTERNATIONAL MARITIME BUREAU INC.

<sup>(1)</sup> Rep. No.- Same as Cargo gear fitness Certificate.

<sup>(2)</sup> Specify: dry cargo vessel, bulk carrier, oil tanker.