

Panama Maritime Documentation Services, Inc.
International Maritime Bureau, Inc.
REQUEST FOR SURVEY

Código: R/S
 Revisión: 6
 Fecha: 29/05/03

REQUEST No. RS / ___ / ___ / _____

QUOTATION No. C / ___ / _____

REPRESENTATIVE OFFICE/ SURVEYOR'S CODE	NAME OF THE SURVEYOR / CLIENT / COMPANY	PLACE OF SURVEY		DATE OF REQUEST
NAME OF SHIP/COMPANY	PORT OF REGISTRY	SIGNAL LETTERS	IMO NUMBER	DATE OF BUILD
EX - NAME	TYPE OF VESSEL		L.O.A.	GROSS TONNAGE
OWNERS/OPERATORS:		FAX No.	TEL No.	

For each Applicable item, fill the boxes with the respective letter, according to the required services:

A. INITIAL / B. RENEWAL / C. ANNUAL / D. INTERMEDIATE / E. CHANGE OF NAME / F. ADDITIONAL (OCCASIONAL) / G CHANGE OF FLAG / H. CHANGE OF R.O. / I. OTHERS (SPECIFY) _____

MARPOL	SOLAS	VESSEL UNDER 500 GT
<input type="checkbox"/> IOPP (ANNEX I)	<input type="checkbox"/> CSSE (EQUIPMENT)	<input type="checkbox"/> CSSE (<500) (Belize)
<input type="checkbox"/> SOPEP (APPROVAL)	<input type="checkbox"/> CSSR (RADIO)	<input type="checkbox"/> CSSC (< 500) (Belize)
<input type="checkbox"/> SMPEP (APPROVAL)	<input type="checkbox"/> CSSC (CONSTRUCTION)	<input type="checkbox"/> CSS (Panama)
<input type="checkbox"/> CBT (MANUAL APPROVAL)	<input type="checkbox"/> PSS (PASSENGER)	<input type="checkbox"/> CSSRT (<300) (Panamá / Belize / Bolivia)
<input type="checkbox"/> COW (MANUAL APPROVAL)	<input type="checkbox"/> DOC (IMDG-CODE)	<input type="checkbox"/> PLEASURE VESSEL
<input type="checkbox"/> ODMC (MANUAL APPROVAL)	<input type="checkbox"/> DOC (BC - CODE)	<input type="checkbox"/> CERTIFICATION
<input type="checkbox"/> (*) OWS / FE (CERT. TYPE TEST)	<input type="checkbox"/> DACG (IG - CODE)	<input type="checkbox"/> CONDITIONAL SURVEY
<input type="checkbox"/> (*) OCM (CERT. TYPE TEST)	<input type="checkbox"/> T&SB (TRIM & STABILITY APPROVAL)	TONNAGE
<input type="checkbox"/> (*) PU (CERT. TYPE TEST)	<input type="checkbox"/> CSM (CARGO SECURING MANUAL APPROVAL)	<input type="checkbox"/> ITC
<input type="checkbox"/> (*) OWID (CERT. TYPE TEST)	LOAD LINE	<input type="checkbox"/> NT
<input type="checkbox"/> (*) OCM (CERT. TYPE APPROVAL)	<input type="checkbox"/> ILL (LOAD LINE)	<input type="checkbox"/> PROTOCOL OF CALCULATION (ITC METHOD)
<input type="checkbox"/> (*) OCM / MD (CERT. TYPE APPROVAL)	<input type="checkbox"/> FREEBOARDS CALCULATION	<input type="checkbox"/> PROTOCOL OF CALCULATION (SIMPLIFIED METHOD)
<input type="checkbox"/> (*) OFE (CERT. TYPE APPROVAL)	ISM-CODE	CLASS CERTIFICATES
<input type="checkbox"/> NLS (ANNEX II)	<input type="checkbox"/> DOC (INTERIM CERTIFICATION) (ISM-CODE, PARAGRAPH 14.1)	<input type="checkbox"/> HULL
<input type="checkbox"/> SEWAGE (ANNEX IV)	<input type="checkbox"/> SMC (INTERIM CERTIFICATION) (ISM-CODE, PARAGRAPH 14.2)	<input type="checkbox"/> MACHINERY
<input type="checkbox"/> (*) CTT/STP (CERT. TYPE TEST)	<input type="checkbox"/> DOC (INITIAL / RENEWAL CERTIFICATION)	<input type="checkbox"/> BOILER
<input type="checkbox"/> GARBAGE (ANNEX V)	<input type="checkbox"/> SMC (INITIAL / RENEWAL CERTIFICATION)	<input type="checkbox"/> REFRIGERATING INSTALLATION
	<input type="checkbox"/> DOCUMENT REVIEW	<input type="checkbox"/> PLANS REVISION / APPROVAL

(*) PREVIOUS AUTHORIZATION OF PMDS-HEAD OFFICE, CASE BY CASE

A. INITIAL / B. RENEWAL / C. ANNUAL / D. INTERMEDIATE / E. CHANGE OF NAME / F. ADDITIONAL (OCCASIONAL) / G. CHANGE OF FLAG / H. CHANGE OF R.O. / I. OTHERS (SPECIFY)_____

FISHING VESEL	CARIBBEAN CODE	MODU-CODE
<input type="checkbox"/> FVS (FISHING)	<input type="checkbox"/> CCSS	<input type="checkbox"/> MODU
CHEMICALS TANKER AND GAS CARRIER	EXEMPTIONS	OIT CONVENTIONS
<input type="checkbox"/> ICT (CHEMICAL) (Panama / Belize) <input type="checkbox"/> CT (CHEMICAL) <input type="checkbox"/> IGC (GAS CARRIER) (Panama / Belize) <input type="checkbox"/> GC (GAS CARRIER)	<input type="checkbox"/> EXEMPTION CERTIFICATE <input type="checkbox"/> PERMIT TO PROCEED <input type="checkbox"/> LETTER OF AUTHORIZATION <input type="checkbox"/> WAIVER	<input type="checkbox"/> CICA (NO. OF CREW: _____) <input type="checkbox"/> DERRICKS CERTIFICATION (DERRICKS NUMBER: _____ SWL: _____) <input type="checkbox"/> CRANES CERTIFICATION (CRANES NUMBER: _____ SWL: _____) <input type="checkbox"/> CARGO GEAR BOOK
OTHERS CERTIFICATES:		OTHER CERTIFICATES (PLEASE SPECIFY)
<input type="checkbox"/> SHIP'S CARVING AND MARKING NOTE (FOR CHANGE OF FLAG OR CHANGE OF NAME) <input type="checkbox"/> HIGH-SPEED CRAFT CERTIFICATE. ACCORDING TO HSC-CODE (PREVIOUS AUTHORIZATION OF PMDS-HEAD OFFICE, CASE BY CASE)		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Fee plus expenses incurred are due upon initiated of the survey whether the vessel has been found qualified for the issuance of the request certificate or not.

Survey requested by

OWNERS/OPERATORS

AGENTS

MASTER

Details for remittance of Invoices, Statutory, and Class Certificates: (Name of the person in charge, Full address, telephone, fax, e-mail)

Signature and Stamp of Vessel/ Owner

PMDS/IMB Surveyor Name and Stamp