

TO: Panama Maritime Quality Services, Inc.
FAX No.: (507) 226-5825
E-mail: pmds@panamamaritime.com

FROM: _____ **ID NUMBER:** _____
 (PMQS Auditor Name) (PMQS Auditor No.)

SUBJECT: ADVISE FOR COMPLETION OF VERIFICATION

*This Notice should be immediately transmitted to PMQS H.O. by fax or e-mail when the verification was completed.

Vessel Name:			
(Address of Company, phone, fax numbers and e-mail)			
Place of Verification			
Date of Verification		Authorization No.	
Type of Verification carried out:			
Interim ISS Certificate Issued: (With Expiry Date)			
ISS Certificate Endorsed:			
Any recommendations imposed to Vessel:			

Issued at : _____ The _____ of _____ of _____
 (Place of issue of Advice for Completion of Verification) (Day) (Month) (Year)

 Name and Signature of PMQS Auditor

By: *Panama Maritime Quality Services Inc.*

Codigo: F-SSP-06(I)
Revisión: 01
Date: 04/04