WARNING: Please ensure that all information is up to date in order to avoid possible deficiencies or detention at PSC/FSC inspections.

All boxes must be completed. Indicate N/A if ‘not applicable’.

|  |
| --- |
| 1.Name of ship |
|       |
| 2.IMO number |  | 3.Official number |
|       |  |       |
| 4.Date of registration of ship |  | 5.Home port of ship |
| **/       /** |  |       |
| 6.Registered Owner name and address |
|       |
| 7.Registered Owner IMO identification number |
|       |
| 8.Bareboat Charterer’s name and address (if any) |
|       |
| 9. Charter Company IMO identification number (if any) |
|       |
| 10. Name and address of company responsible for the ship’s International Safety Management System |
|       |

|  |
| --- |
| 11. Address from where the company carries out safety management activities, if other than listed in (10) |
|       |
| 12. Company IMO identification number |
|       |
| 13. Classification societies with which the ship is classed |
|       |
| 14. Administration/Government/Recognised Organisation which issued the Document of Compliance (DOC) |
|       |
| 15. Body that conducted audit, if different from that issuing the DOC |
|       |
| 16. Administration/Government/Recognised Organisation which issued the Safety Management Certificate |
|       |
| 17. Body that conducted audit, if different from that issuing the SMC |
|       |
| 18. Administration/Government/Recognised Organisation which issued the International Ship Security Certificate (ISSC) |
|       |
| 19. Body that conducted audit, if different from that issuing the ISSC |
|       |

**Declaration**

To the best of my knowledge, the information given by me on this application is true and correct in every detail.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
|  |  | **/       /** |
|  | Place of issue |
|  |       |
| Name |  | Telephone |
|       |  |       |
| Position in company |  | Email address |
|       |  |       |

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| --- | --- |
| **Submitting your application** |  |
| 1. Before you send us your application, scan the QR code or visit <https://forms.amsa.gov.au/html/Form/shipping-registration-payment> and pay your application fee
 | **Submitting your Application**1. Once you have completed your application, scan the QR code or open the link below to

access the [AMSA payment gateway](https://forms.amsa.gov.au/html/Form/114) to pay your application fee.1. Record your payment reference number: □□□□ □□□□ □□□□
2. Email your application to: SRO@amsa.gov.au
 |
| 1. Record your payment reference number:

**Submitting your Application**1. Once you have completed your application, scan the QR code or open the link below to

access the [AMSA payment gateway](https://forms.amsa.gov.au/html/Form/114) to pay your application fee.1. Record your payment reference number: □□□□ □□□□ □□□□
2. Email your application to: SRO@amsa.gov.au

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

 |  |
| 1. Email your application and any supporting documentation to: sro@amsa.gov.au
 |  |

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| The collection of personal information requested in this form is either required by, authorised by, or to facilitate a process under the *Navigation Act 2012* which implements SOLAS and will be handled in accordance with the *Privacy Act 1988*. Your personal information will be used for purposes related to SOLAS (including possible overseas disclosure).  Your personal information may be made available to government agencies for statistical and administrative purposes. Failure to provide the information will result in the transaction not being processed.  For more information on how to access or correct your personal information or how to make a privacy complaint, visit [www.amsa.gov.au/privacy](http://www.amsa.gov.au/privacy) |