***APPLICATION FOR OBTAINING A LETTER OF CONSENT FOR THE PLACEMENT OF PMSC***

***ON BOARD G-B I.S.R. VESSELS***

***PART 1. VESSEL PARTICULARS:***

|  |  |
| --- | --- |
| *Notice:* | *By submitting this form to the administrator, the shipowner, manager or operator acknowledges its contents and warrant the accuracy of the information so provided, including but not limited to, the necessary licensing and certification for the embarked PMSC firearms under applicable law and in accordance with IMO guideline MSC.1/Circ.1443.* |
| *Name of Vessel:* |  | *IMO Number:* |  |
| *Name of the owning compaqny:* |  |

***PART 2. ADDITIONAL INFORMATION***

|  |  |
| --- | --- |
| *Master’s Name:* |  |
| *Name of Private Maritime**Security Company (PMSC):* |  |

***PART 3. INTERNATIONAL SAFETY MANGEMENT (ISM):***

|  |
| --- |
| *3.1 I SM COMPANY DETAILS* |
| *ISM Company Name:* |  |
| *IMO ID:* |  | *Post/Zip Code:* |  |
| *Address:* |  | *Telephone:* |  |
| *Town/City:* |  | *Fax:* |  |
| *Country:* |  | *Email* |  |
| *3.2 DESIGNATED PERSON ASHORE ( DPA)* | *3.3 ALTERNATE DPA (ADPA)* |
| *Name:* |  |  |
| *24 Hours Telephone:* |  |  |
| *Email:* |  |  |
| *3.4 DESIGNATED PERSON (DP) DETAILS* | *3.5 ALTERANTE DESIGNED PERSON* |
| *Name:* |  |  |
| *24 Hours Telephone:* |  |  |
| *Email:* |  |  |

***PART 4. INTERNATIONAL SHIP AND PORT SECURITY CODE (ISPS):***

| *4.1 COMPANY SECURITY OFFICER (CSO)* | *4.2 ALTERNATE CSO (ACSO)* |
| --- | --- |
|  *Name of CSO:* |  |  |
| *Address:* |  |  |
| *Town/City:* |  |  |
| *Country:* |  |  |
| *Post/Zip Code:* |  |  |
| *24 Hours Telephone:* |  |  |
| *Fax:* |  |  |
| *Email:* |  |  |

***PART 5. MEMBERS OF PRIVATELY CONTRACTED ARMED SECURITY PERSONNEL (PCASP) TEAM.:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Person 1* | *Person 2* | *Person 3* | *Person 4* |
| *Name:* |  |  |  |  |
| *Nationality:* |  |  |  |  |
| *Passport No.:* |  |  |  |  |

***PART 6. FIREARMS AND AMMUNITION (ONLY APPLIES TO PMSC/PCASP) ::***

|  |  |  |  |
| --- | --- | --- | --- |
|  | *The information to be included in the**application and the documents which are evidence of the information which needs to be submitted with the application are:* | *SUBMITTED* | *Reference to the application**submitted, provide a reason if not applicable* |
| *YES* | *NO* | *N./A* |
| *1.* | *Are All Firearms Properly Licensed?* | ☐ | ☐ | ☐ |  |
| *2.* | *Who is Licensed Owner of Firearms?* |  |
| *3.* | *Are Firearms Licensed to be**Exported/Imported?* | ☐ | ☐ | ☐ |  |
| *4.*  | *Export/Import Licensing Agency:* |  |
| *5.* | *Type (Make and Model)* | Serial Nos. | Ammunition (Caliber/No. of rounds) |
|  |  |  |
| *6.* | *Location/Estimated date where security team/firearms will embark:* |  |
| *7.* | *Intermediate port calls and ETAs while the Security Team / Firearms onboard:* |  |
| *8.* | *Location and Estimated Date when the**Security Team will Disembark:* |  |
| *9.* | *Transiting the Suez Canal with the Security Team/Firearms?* | ☐ | ☐ | ☐ |  |
| *10.* | *Transiting Indian EEZ or Indian Ports with the**Security Team/Firearms* | ☐ | ☐ | ☐ |  |
| *Title & Position:* |  |
| *Signature* | *Date* |
|  |  |

This Application is to be submitted to the Deputy General Ships Registrar

Tel.:     +30 - 210 – 4537950

Email:  *rmedawar@gbi-lb.org*