***APPLICATION FOR APPROVAL OF PRIVATE MARITIME SECURITY COMPANIES (PMSC)***

***PART 1. PRIVATE MARITIME SECURITY CONTRACTOR (PMSC) CHECK LIST:***

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| --- | --- | --- | --- |
| *Name:* |  | | |
| *Address (Complete address including city postal code and country of residence) :* |  | | |
| *Telephone:* |  | *Fax:* |  |
| *E-mail Address No. 1:* |  | *E-mail Address No.2* |  |

***PART 2. INFORMATION:***

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| *Country where the company is registered:* |
|  |
| *Authorized Representative:* |
|  |
| *Person Responsible for the Company (responsible for the private ship security company for the purposes of the Law):* |

***PART 3. ISO COMPANY DETAILS:***

| *Name of company issuing the ISO Certification:* |  |
| --- | --- |
| *Address:* |  |
| *Date of Issuance:* |  |
| *Date of Expiration:* |  |
| *Date of last Annual Audit:* |  |

***PART 4. SUPPORTING DOCUMENTATION:***

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| --- | --- | --- | --- | --- | --- |
| *Please attach the evidence of the information (certificates, procedures, etc.) as applicable.* | | | | | |
|  | *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.* | *certificate of incorporation or registration as a body corporate or partnership* | ☐ | ☐ | ☐ |  |
| *2.* | *the name, surname, nationality, identity card or passport or travel document number, work telephone number, of the natural person responsible as the legal person for purposes of the Law;* | ☐ | ☐ | ☐ |  |
| *3.* | *Confirm understanding of Flag State, Port Sate and Coastal State requirements with respect to carriage and usage of firearms.* | ☐ | ☐ | ☐ |  |
| *4.* | *Confirm understanding of Best Management Practice (BMP) and, in particular, ship protection measures.* | ☐ | ☐ | ☐ |  |
| *5.* | *Copy of valid Quality Assurance Certificate ISO* | ☐ | ☐ | ☐ |  |
| *6.* | *Procedures/proof for ensuring that the security personnel hired, is not included in the list of terrorists of the United Nations Security Council.* | ☐ | ☐ | ☐ |  |
| *7.* | *Procedures confirming that firearms are procured, transported, embarked and disembarked legally;* | ☐ | ☐ | ☐ |  |
| *8.* | *Confirm with documentary evidence that firearms are procured (not hired), transported, embarked and disembarked legally.* | ☐ | ☐ | ☐ |  |
| *9.* | *Insurance Policy designated to cover the Liabilities of the International Security Company; (in particular covering third party risks):*  *1. Public and employer’s liability insurance*  *2. Personal accident, medical expenses, hospitalization and repatriation of employee’s insurance.* | ☐ | ☐ | ☐ |  |

***PART 5. RESTRICTIONS:***

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| *A certificate shall not be issued to a private ship security company which is owned or controlled by a natural or legal person, or is connected in any way with, or has as a shareholder or partner or executive officer or director or secretary, a natural or legal person, or who employs a person:* |
| 1. *against which there are sanctions under provisions of resolutions adopted by the United Nations Security Council under Chapter VII of the Charter of the United Nations or by its committees or subcommittees, or by an institution of the European Union on the basis of the provisions of Community law; or by resolutions adopted by the United States of America.* |
| 1. *has been convicted, or against whom an arrest warrant or a case is pending, before the International Criminal Court or another international tribunal established under the provisions of the Charter of the United Nations; or* |
| 1. *which has been sentenced by a court or has an arrest warrant for any of the offences including homicide, rape, premeditated murder or attempted murder; arson or attempt to destroy property using explosives; unlawful possession of, or possession with intent to supply, controlled drugs or psychotropic substances; robbery, burglary, theft, property claim with threats or kidnapping, malicious damage or incest; trafficking of adult persons, child trafficking, trafficking and exploitation of human organs, exploitation at work, sexual exploitation of adult persons, sexual exploitation of children and child pornography; an offence which involves dishonesty or moral turpitude?* |
| 1. *who suffers from mental illness, which, in the opinion of the Competent Authority, may prevent him from performing his duties.* |

***PART 6. ADDITIONAL INFORMATION REQUIRED TO PROCESS THE APPLICATION:***

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| --- | --- | --- |
| *It is recommended to attached evidence when possible* | *Yes / No*  *(tick applicable)* | *Attached* |
| *Does the Company have Control procedures for separate and secure onboard stowage and deployment of firearms ammunition and security equipment?* | *☐ Yes ☐ No* |  |
| *Does the Company have a firearms license in its home jurisdiction?* | *☐ Yes ☐ No* |  |
| *Does the Company have an applicable standard operating procedures (SOP)?* | *☐ Yes ☐ No* |  |
| *Does the Company have an applicable Rules of Engagement (ROE) Policy/Procedure?* | *☐ Yes ☐ No* |  |
| *Provide written testimonials/ references from previous clients in the maritime industry.* | *☐ Yes ☐ No* |  |
| *Does the PMSC have additional certification from other Flag States?*  *If yes, please, list them* | *☐ Yes ☐ No* |  |

***PART 7. OFFICIAL DISCLOSURE AND UNDERSTANDING OF APPROVAL AUTHORIZATION:***

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| *I, the undersigned hereby confirm the understanding that this application is for obtaining authorization for placing Private Maritime Security Personnel employed solely by on board Guinea-Bissau I.S.R. registered vessels. The approval authorization will allow the PMSC to offer Private Maritime Security to shipowners that trade within High Risk Areas.*  *Once the services of the PMSC are contracted, a separate application for the placement the Private Maritime Security Personnel onboard shall be sent to the International Ships Registry of Guinea-Bissau for approval. Each vessel contracting PMSC shall have an authorization in order to proceed with the placement of PMSC onboard.* |

***PART 8. DECLARATION:***

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| *I, do hereby swear and affirm that I am duly authorized by the Article of incorporation as Director or in writing by a Power of Attorney by the Ship-Owner(s) of the vessel as described in Part 4 of this Application. I also hereby acknowledge and affirm that I have reviewed and agreed with GB ISR GDPR Policy.* | | |
| *Title:* |  | |
| *Citizen of:* |  | |
| *Passport Number:* |  | |
| *Signature* | | *Date* |
|  | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| *Date Received* | *Date Assessed* | *Result – Authorized / Rejected* | *Notes* |
|  |  | *D GSR OFC*  *GSR OFC* |  |

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

Tel.:     +30 - 210 – 4537950

Email:  [*rmedawar@gbi-lb.org*](mailto:rmedawar@gbi-lb.org)