



**MARINE DEPARTMENT PENINSULAR MALAYSIA,
42007 HEADQUARTERS,
P.O.BOX 12,
PORT KLANG,
SELANGOR, MALAYSIA.**

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Tel : 603-3346 7777
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**INTERNATIONAL SAFETY MANAGEMENT CODE
APPLICATION FORM**

Applicant's Name : _____
Company's Name : _____
Address : _____

Declaration :

- a. I/We* hereby declare that the information provided in the questionnaire is correct.
- b. I/We* hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
- c. I/We* agree to pay all fees/costs pertaining to the issuance of certificate and any expenses which may be properly chargeable.

To: Surveyor General of Ships
Marine Department Peninsular Malaysia
Port Kelang.

Sir,

Please be informed that I / we* would like to apply for document audit/review* as describe below;

Type of Audits/Review Required:

- Document Review
- Initial / Renewal Audit
- Annual Audit
- Ship Sampling
- Additional Ship Type to the DOC

Type of Certification Required:

- Interim DOC
- Document of Compliance
- Safety Management Certificate

Proposal date for review/audit : _____

.....
(signature)

Position :
Mobile No :
E-mail :
Date : _____

* Delete where applicable

Please return (mail, fax or e-mail) duly completed form to the above-mentioned address or to Ship Safety Management Unit, Marine Department HQ, Port Klang.

QUESTIONNAIRE

Please fill in this questionnaire to allow us to understand your business to serve you with the best positive manner.

1. Company's Particulars and Branches

IMO Company Identification Number : _____

Tel No. : _____

Fax No. : _____

E-mail : _____

BRANCH OFFICES (Name & Address) :		Department / Activities
1.		
2.		

(To be filled in if ISM function are managed by branch offices or at third party premises)

2. Top Management Particulars

Name : _____

Title : _____

Contact No. Office : _____ Mobile No. : _____

E-mail : _____

3. Designated Person

Name : _____

Department : _____

Contact No. Office : _____ Mobile No. : _____

E-mail : _____

4. Summary of Ship under Management

(All ships with ISM compliance including ships registered with others flag state)

Ship	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	

Type of ship:

PS – Passenger ship

BC – Bulk Carrier

GC – Gas Carrier

PSHSC- Passenger High Speed Craft

OT – Oil Tanker

MODU – Mobile Offshore Drilling Unit

CSHSC – Cargo Ship High Speed Craft

CT – Chemical Tanker

OCS – Other cargo ship (please specify)

5. List of Ships Managed by the Company (Malaysian flag only)

The company may also submit or attach list of ship in a separate/different pages and format.

No	Name of Ship	IMO Number	GRT	RO issuing SMC	SMC expiry date	Ship Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Type of ship:

PS – Passenger ship PSHSC- Passenger High Speed Craft CSHSC – Cargo Ship High Speed Craft
 BC – Bulk Carrier OT – Oil Tanker CT – Chemical Tanker
 GC – Gas Carrier MODU – Mobile Offshore Drilling Unit OCS – Other cargo ship (please specify)

6. Attachments

The following documents are to be submitted (where applicable)

- New Application
- a. Company Safety and Environmental Protection Policy Yes / No
 - b. Organization Chart and Defined Levels of Authority and Lines of communication between, and amongst, shore and shipboard personnel Yes / No
 - c. Job function and responsibility Yes / No
 - d. Contact details to respond to an emergency situation Yes / No
 - e. Implementation Program Yes / No
 - f. DOC issue from another flag state Yes / No
- Additional New Ship Types
- a List of Ship Name and Types Yes / No
 - c Appointment Letter (from ship owner if applicable) Yes / No
 - d Implementation Program Yes / No

Please tick (/) where applicable.