



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

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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.*