



SHIPS CLASSIFICATION MALAYSIA

REQUEST FOR SURVEY/ AUDIT/ CONSULTANCY /CERTIFICATION SERVICES

PARTICULARS OF SHIPS/ PORTS/ FACILITIES

FOR SHIPS:		FOR PORTS/ FACILITIES:	
NAME OF SHIP		NAME OF PORT/ FACILITY	
OFFICIAL NO/ IMO NO			
SCM ID. NO			
PORT OF REGISTRY		OPERATOR/ ADMINISTRATOR	
GROSS TONNAGE			
PLACE OF SURVEY/ TASK		SHIP AFLOAT <input type="checkbox"/>	DRY DOCK <input type="checkbox"/>
DATE OF SURVEY/ TASK			
CONTACT PERSON/S			
CONTACT NUMBERS	TELEPHONE :	FAX :	

Surveys/ Tasks to be carried out:

1. CLASS SURVEYS

<input type="checkbox"/> Admission to Class for new building <input type="checkbox"/> Admission to Class for existing ship <input type="checkbox"/> Class Renewal survey <input type="checkbox"/> Intermediate survey <input type="checkbox"/> Annual survey <input type="checkbox"/> Docking survey <input type="checkbox"/> In-water survey <input type="checkbox"/> Continuous machinery survey (CMS) <input type="checkbox"/> Propeller shaft & stern tube survey <input type="checkbox"/> Boiler survey	<input type="checkbox"/> Cargo handling appliances survey <input type="checkbox"/> Extension for Class Renewal survey <input type="checkbox"/> Non-Committal/ survey <input type="checkbox"/> Damage survey <input type="checkbox"/> Occasional survey for deletion of Condition of Class <input type="checkbox"/> Welder Qualification tests <input type="checkbox"/> Material / Component survey <input type="checkbox"/> Audit for approval of company <input type="checkbox"/> Other Occasional surveys <input type="checkbox"/> _____
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2. STATUTORY SURVEYS/ AUDITS/ CONSULTANCY

<input type="checkbox"/> International Load Line survey (ILLC) <input type="checkbox"/> International Oil Pollution Prevention (IOPP) survey <input type="checkbox"/> Cargo Ship Safety Construction survey <input type="checkbox"/> NC <input type="checkbox"/> Cargo Ship Safety Equipment survey <input type="checkbox"/> NC <input type="checkbox"/> Cargo Ship Safety Radio survey (GMDSS) <input type="checkbox"/> NC <input type="checkbox"/> ISM Audit, interim <input type="checkbox"/> initial <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> Certificate of fitness survey <input type="checkbox"/> Inclining test	<input type="checkbox"/> ISPS SSA/SSP Review & Approval <input type="checkbox"/> ISPS Ship Verification, Interim <input type="checkbox"/> Initial <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> ISPS Port Consultancy PFSA/ PFSP Development <input type="checkbox"/> MLC 2006, Interim <input type="checkbox"/> Initial <input type="checkbox"/> Inter <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> Service Provider Audit, Initial <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> ILO 92/133 Initial <input type="checkbox"/> Renewal <input type="checkbox"/> <input type="checkbox"/> _____
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The applicant agrees to pay the survey fees and the survey expenses arising from the above Task.

The fees will be paid by :

NAME	CO. CHOP & SIGN	DATE
FOR INTERNAL USE ONLY Application for Survey Received By : <input type="checkbox"/> FAX <input type="checkbox"/> PHONE <input type="checkbox"/> VERBAL <input type="checkbox"/> EMAIL Job Order Number Assigned : <input type="checkbox"/> YES <input type="checkbox"/> NO Job Order No : Surveyor Assigned : <input type="checkbox"/> YES <input type="checkbox"/> NO Surveyor : Reviewed By : Date :		