**INTERNATIONAL SHIP REGISTRY OF GABON**

**COMMISSIONAIRE OF MARITIME AFFAIRS**

**INTERSHIPPING SERVICES LLC.**

**AL SHORAFA TOWER 2 OFFICE NO 1903, 19TH FLOOR,**

**SHEIKH RASHID BIN HUMAID AL NUAIMI STREET**

**RASHIDIYA 3, P.O BOX: 4295, AJMAN, UNITED ARAB EMIRATES**

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**EMAIL :** **admin@intershippingservices.com**

**WEBSITE :** [**www.intershippingservices.com**](http://www.intershippingservices.com)

**APPLICATION FOR LETTER OF CONSENT FOR THE PLACEMENT OF PMSC ON GABONESE VESSELS**

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| 1. **VESSEL PARTICULARS**
 |
| **By submitting this form to Gabon administration, the shipowner, manager or operator acknowledges its contents and warrants the accuracy of the information 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 Owner Company:** |       |
| **Lifeboat capacity as per SEQ:** |       | **\*Present compliment on board (Nos):** |       |

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| 1. **ADDITIONAL INFORMATION**
 |
| **Master’s Name:** |       |
| **Name of Private Maritime Security Company (PMSC):** |       |

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| 1. **INTERNATIONAL SAFETY MANAGEMENT (ISM)**
 |
| **ISM COMPANY DETAILS** |
| **ISM Company Name:** |  |
| **Company IMO Number:** |  | **Post/Zip Code:** |  |
| **Company Address:** |  | **Telephone:** |  |
| **City:** |  | **Email:** |  |
| **Country:** |  | **Fax:** |  |
| **DESIGNATED PERSON ASHORE (DPA) DETAILS** | **ALTERNATE DPA (ADPA) DETAILS** |
| **Name:** |  | **Name:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Email:** |  | **Email:** |  |
| **DESIGNATED PERSON (DP) DETAILS** | **ALTERNATE DP (ADP) DETAIL** |
| **Name:** |  | **Name:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Email:** |  | **Email:** |  |

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| 1. **INTERNATIONAL SHIP AND PORT SECURITY (ISPS)**
 |
| **COMPANY SECURITY OFFICER (CSO) DETAILS** | **ALTERNATE CSO (ACSO) DETAILS** |
| **Name:** |  | **Name:** |  |
| **Address:** |  | **Address:** |  |
| **City:** |  | **City:** |  |
| **Country:** |  | **Country:** |  |
| **Post/Zip Code:** |  | **Post/Zip Code:** |  |
| **Contact Number:** |  | **Contact Number:** |  |
| **Email:** |  | **Email:** |  |
| **Fax:** |  | **Fax:** |  |

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| 1. **MEMBERS OF PRIVATELY CONTRACTED ARMED SECURITY PERSONNEL (PCASP) TEAM**
 |
| **#** | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **Name:** |  |  |  |  |
| **Nationality:** |  |  |  |  |
| **Passport Number:** |  |  |  |  |

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| 1. **FIREAMS AND AMMUNATION (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 as follows:**  | **Reason provided if not applicable** |
| 1. Are All Firearms Properly Licensed?
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Who is the Licensed Owner of Firearms?
 |       |
| 1. Are Firearms Licensed to be Exported/Imported?
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Export/Import Licensing Agency:
 |       |
| 1. **Type (Make and Model)**
 | **Serial Number** | **Ammunition (Caliber/No. of Rounds)** |
|       |       |       |
| 1. Location/Estimated date where security team/firearms will embark:
 |       |
| 1. Intermediate port calls and ETAs while the Security Team / Firearms onboard:
 |       |
| 1. Location and Estimated Date when the Security Team will Disembark:
 |       |
| 1. Transiting the Suez Canal with the Security Team/Firearms?
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |
| 1. Transiting Indian EEZ or Indian Ports with the Security Team/Firearms?
 | [ ]  Yes | [ ]  No | [ ]  N/A |       |

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| 1. **DECLARATION**
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| **I do hereby swear and affirm, that I am duly authorised 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, that the initially issued original document(s), has/have been lost (or destroyed); and that the same, if found and within my power, will be delivered up to the Maritime Administrator.** |
| Name of the Owner/ Authorised Person: |       |
| Contact Details (Phone, Email, Address):  |       |
| Date: |       |
| Signature: |

**For the International Ships Registry of the Gabonese Republic**