

Application for renewal of the certificate of a Private Ship Security Company (PSSC)

[Insert Date]

Permanent Secretary
Shipping Deputy Ministry
P.O. Box 56193, CY-3305 Limassol, Cyprus

1. **Company** *(the name and address of applicant as per Sixth Schedule item 1 Law 77 (1) of 2012)*

Registered Name:	
DMS No (Can be found in Assessments forms)	
Registered Address:	Business Address (address of the office(s) from where the legal person is conducting its activities or operations as per Sixth Schedule item 8 of Law 77(1) of 2012):
Telephone:	Telephone:
Fax:	Fax:
E Mail:	E Mail:
Country of Incorporation:	

2. **Authorized Representative** *(in the cases referred to in the provisions of section 20(2)(b) and 20(2)c)*

Name:
Address:

3. **Person Responsible for the Company** *(responsible for the private ship security company for the purposes of the Law)*

Name:
Surname:
Nationality:
Number of the identity card or passport or travel document:

4. **Total private ship security guards** *(as per latest PSSC certificate issued)*

Number: <i>[written in full] [written in numbers]</i>

5. **Total firearms** *(as per latest PSSC certificate issued)*

Number: <i>[written in full] [written in numbers]</i>

I the undersigned hereby declare and state for and on behalf of the Company, that:

- I have read and understood the provisions of the Law and the instructions issued by the Permanent Secretary of the Shipping Deputy Ministry in a Circular form as per the provisions of section 87(1) of the Law;
- I declare that supporting documentation referred to in the Sixth Schedule of the Law which have been submitted with the initial application of the Company, as well as all subsequent amendments, remain valid;
- I am duly authorised by the Company to provide the aforesaid information, and to take this application in its name and on its behalf;
- The above information is true and correct; and
- The fees and other charges due for the consideration of this application and for the issue of the requested certificate shall be charged by the Shipping Deputy Ministry to the account of Company, and should be settled prior to the issuance of the requested certificate.

Yours sincerely,
for and on behalf of the Company

Name and Surname	
Name of Company	
Position	
Signature:	
Place:	Date:

FOR OFFICIAL USE			
DMS Number		Date Received	
DMS Surveyor		Fees	
Signature		Receipt Number (F18)	