



REPUBLIC OF CYPRUS

SHIPPING DEPUTY MINISTRY TO THE PRESIDENT

APPLICATION FOR EXTENSION, DISPENSATION, EQUIVALENCE OR EXEMPTION	Page 1 of 1
--	-------------

TYPE OF APPLICATION			
Extension <input type="checkbox"/>	Dispensation <input type="checkbox"/>	Equivalence <input type="checkbox"/>	Exemption <input type="checkbox"/>

1. Name of Vessel:	2. IMO Number:	3. Date Submitted:
4. Name & Title of Person Submitting Application:	5. Contact Number:	6. Email:
7. Company's Name (ISM) as Referred onto the Vessel's Safety Management Certificate:		
8. Description of extension/dispensation/equivalence or exemption requested (details of equipment involved, proposal, etc.):		
9. Reason for extension/dispensation /equivalence or exemption requested (circumstances necessitating the extension/dispensation/equivalence or exemption):		
10. If the application is for extension or dispensation please advise the Corrective Action Plan (anticipated location/date completion of repairs or servicing, itinerary of vessel, etc.):		
11. Special conditions or further remarks:		

FOR MARITIME ADMINISTRATION USE ONLY		Case number:
Approved ()	Rejected ()	Need More Information ()
Comments By Maritime Administration:		
Regulation that grants the right to an extension/dispensation/equivalence or exemption:		
Is class informed?		Name & Title of Officer:
Date Reviewed:		extension/dispensation/equivalence or exemption valid until: