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|  | **Bureau Veritas**  **Silk Bldg., 2F**  **1 Yamashita-cho, Naka-ku**  **Yokohama, Japan**  **231-0023** | **Tel: +81-(0)45-641-4218**  **Fax: +81-(0)45-641-4257** |

**Application for Ship Security Plan (SSP) Approval in accordance with ISPS Code**

**To: Bureau Veritas (Yokohama, Japan)**

**1. Applicant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company  Name  Address | |  | | | Person in Charge  (Stamp or Signature) | |  |
| Name of Department | |  |
| Tel: |  | | Fax: |  | E-mail: |  | |
| IMO Company Identification Number : | | | |  |  |  | |

**2. Kind of SSP Approval or Notification of changes**

|  |  |  |
| --- | --- | --- |
| Initial approval | Amendments to an approved SSP | Notification of changes to an approved SSP (Approval not required) |

**3. Particulars of Ship**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Ship |  | | | Registered Owner: | |  |
| Flag |  | | | Port of Registry | |  |
| IMO No. |  | | | Ship’s Class  & Register No. | |  |
| Type of ship | | | | | | |
| Passenger ship | | Bulk carrier | | | Gas carrier | |
| Passenger high-speed craft | | Oil tanker | | | Mobile offshore drilling unit | |
| Cargo high-speed craft | | Chemical tanker | | | Other cargo ship | |
| What language is to be used onboard? | | English | other ( ) | | | |
| Date of SSA carried out | |  | | | | |

**4. Attached document(s)**

|  |
| --- |
| 2sets of SSP including SSA / Cover page, Index, Revision record & Revision pages of amended SSP accordingly |
| a copy of CSO Training Certificate |
| a copy of (Provisional) Certificate of Registry (To be attached in the case of Non-NK Class ship) |
| a copy of the DOC (To be attached in the case of DOC issued by other than NK) |
| a copy of the “Ship Inspection Certificate” (To be attached in the case of Japanese flag ship) |

**5. BILLING CONTACT**

*＊Please fill up in case when the billing contact differs from the above applicant.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Company  Name  Address | |  | | | Person in Charge | |  |
| Name of Department | |  |
| Tel: |  | | Fax: |  | E-mail: |  | |