



Maritime Administration  
Department

### APPLICATION FOR INSPECTION

Vessels 24-metres and over operating exclusively in the Guyana Maritime Zones

I hereby make an application pursuant to the above Guyana Shipping Act, requesting that an inspection be undertaken for the issuance of a Certificate of Inspection for a vessel of the following particulars:

Type of Inspection	<input type="checkbox"/> Initial	<input type="checkbox"/> Renewal
--------------------	----------------------------------	----------------------------------

Vessel Name	Type of Vessel	Official No.	Call Sign
IMO Number	Place Built		Date Built
Length	Gross Tonnage	Net Tonnage	
Hull Material	Main Propulsion Power (kW/ h.p.)	Propulsion	
Maximum Number of Passengers	Minimum No. of Crew, Including Master	Date of Last Dry Docking	

Name of Owner/ Operator	
-------------------------	--

Address	
---------	--

Telephone & Email	
-------------------	--

Date and place vessel will be available for inspection.	
---------------------------------------------------------	--

Area of Operation (select one from below) :	
<input type="checkbox"/> Exposed Waters - More than twenty nautical miles from shore within the Maritime Zones of Guyana	
<input type="checkbox"/> Coastal Waters - Not more than twenty nautical miles from a port of refuge within the Maritime Zones of Guyana	
<input type="checkbox"/> Protected Waters - Not more than three nautical miles from a port, e.g., within rivers (Riverboats are in this category)	

Full Name (in block letters)	Signature	Date of Application