

Maritime Safety Systems

APPLICATION FOR ISSUE OR RE-ISSUE OF SSM CERTIFICATE - MAR MSS 152

For further information on this application please contact your Safe Ship Management Company or Maritime New Zealand.

1. Use a separate form for each SSM certificate.
2. The form must be accompanied by a completed Checklist for Issue of SSM Certificate (MAR MSS 150) or Checklist for Re-Issue of SSM Certificate (MAR MSS 150A) as appropriate. The checklist must be signed by the SSM Company.
3. A completed Fit and Proper Person Form must be submitted (as part of the Checklist) for any person who will have control of the SSM Operation. Please consult your Safe Ship Management Company or Maritime New Zealand if you have any questions about who should submit the Form.

VESSEL AND OWNER DETAILS

Vessel Name: _____ SSM Company: _____
MNZ Number: _____ Vessel Owner: _____

REASONS FOR ISSUE

Please state the reason(s) for the issue of the certificate (Tick one)

Initial Issue

Re-Issue

DECLARATION

I declare that to the best of my knowledge and belief the statements made, the information supplied in support of this application and any attachments are complete and correct.

I authorise the collection by the Director of Maritime New Zealand or his/her delegate (hereinafter referred to as "the Director") from, and the disclosure to the Director by, any person, organisation or government department of any details of my knowledge & compliance with transport safety regulatory requirements.

I authorise the Director to use, and disclose, the information obtained about me for any purpose under the Maritime Transport Act 1994, or other such purpose permitted by law.

Name of applicant (owner): _____

Signature of applicant (owner): _____ Date: _____

DETAILS OF CERTIFICATE ISSUED (To be filled in after issue of certificate)

Certificate No. _____ Date of issue: _____ Valid until: _____

Certificate Issued to _____

Note: A copy of the certificate is to be filed along with this request.