DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-3752((Rēv::13-03)

## APPLICATION FOR INSPECTION OF U.S. VESSEL

FORM APPROVED OMB NO. 1625-0002

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 15 mins. You may submit any comments concerning the accuracy of this burden estimate or any suggestion reducing the burden to: Commandant (G-MOC), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Būdget perwork Reduction Project (1625-0002), Washington, DC 20503.

	Address to reply to:
TO: Officer in Charge, Marine Inspection	
Marine Inspection Zone	
The undersigned applies to have the Steam Vessel Motor Vessel	TELEPHONE NUMBER:
Motorboat Barge Other ( Indicate)	DATE:
named Official or Award No	
inspected under the laws of the United States; to be employed as a Passenger Vessel (No. of Passengers)	
Cargo Vessel Tank Vessel MODU Other (Indicate)	
on the following route: (Waters, Geographical limits)	
Liquid cargo in bulk	
Flammable or Combustible (Indicate grade)	
Chemicals (Indicate)	
Length of vessel ft.	
Hull material: Steel Other (Indicate)	
Vessel will be at (Port, Pier, etc.)	
The current Certificate of Inspection expires on	
Inspection is desired on	
Cargo Ship Safety Construction Certificate to be issued by ABS USCG.	
Vessel is is not to be classed.	
If classed, indicate Classification Society: ABS Other (Indicate)	
I CERTIFY that previous application for this inspection has has not been made. I further certify that I have instructed	
the master to present the vessel ready in all respects for the above requested inspection on the date specified. I understand that if this inspection is to be conducted at foreign port or place the vessel owners will be billed for the costs incurred in accordance with 46 USC 385b-1.	
(Signature)	
(Title)	