

APPLICATION FOR INSPECTION OF U.S. VESSEL

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 Budget, Paperwork Reduction Project (15-0006) at 2000 M Street, N.W., 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

Motorboat Barge Other (Indicate) _____

TELEPHONE NUMBER:

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 will will not be carried as follows:

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) _____