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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) _____