

APPLICATION FOR INSPECTION OF U.S. VESSEL (NEW CONSTRUCTION)

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 (CG-3PCV), U.S. Coast Guard, Washington DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0002), Washington, DC 20503.

TO: Officer in Charge, Marine Inspection

The undersigned applies for inspection of the new vessel:

(Name-if known)

(Hull Number)

Multi Service Requested? (Check one) Yes No _____
(Service: Passenger/Cargo/OSV/etc.)

Route: _____ Intended Hailing Port: _____

Inspected under the provisions of 46 CFR Subchapter(s) (D/I/K/L/T, etc.): _____

At (Shipbuilder): _____

Point of Contact at Builder's Yard: _____

Address/Phone: _____

Contract Date: _____ Keel Laid Date: _____

Est. Date Construction Begins: _____ Est. Delivery Date: _____

Length: _____ Breadth: _____ Depth: _____

Estimated Tonnage: Regulatory Gross: _____ Net: _____

 International Gross: _____ Net: _____

Hull Material: _____ Propulsion Type: _____

No. of Engines: _____ HP of Each: _____ No. of Shafts: _____

Propulsion Automation for Machinery Space (Check one) Yes No

Vessel to be Classed (Check one) Yes No By (Class Society) _____

If Yes, is inspection under the provisions of NVIC 10-82 requested? (Check one) Yes No
(A complete list of NVIC's can be viewed at www.uscg.mil/hq/g-m/nvic/)

International Certificates (SOLAS, MARPOL, etc.) requested (Check one) Yes No

Proposed Manning: _____

_____. Requested Number of: Passengers _____

Industrial/ Scientific _____ Offshore Workers _____ Persons in Addition to Crew _____

Vessel Owner: _____

Address: _____

Point of Contact & Phone: _____

SHIPYARD OR DESIGN AGENT SUBMITTING DRAWINGS FOR APPROVAL

Name: _____

Address: _____

Point of Contact & Phone: _____

New Hull Design Type (Check one) Yes No

If Sistered, Parent Hull is _____ built at _____
(Name/Official #)

TYPES OF CARGO TO BE CARRIED

Oil Cargos? (Check one) Yes No If yes, describe here or attach separate sheet that lists each intended cargo, grade, and quantity. Please include all NLS Cargos and quantities as well.

Chemical Cargos? (Circle one) Yes No If yes, describe here or attach separate sheet that lists each intended cargo and quantity. _____

Deck Cargo? (Circle one) Yes No If yes, amount _____ (in Long Tons)

Person Submitting Application: _____

Title: _____

Signature: _____

Date: _____

At this stage of your new construction project we realize you may not possess the information to complete every section on this form. However, a fully completed form will allow us to better facilitate the inspection of your new vessel.