

## **COMMONWEALTH OF DOMINICA**

## APPLICATION FOR SERVICE EXTENSION / DISPENSATION

## from

## the Commonwealth of Dominica Maritime Administration on behalf of the Owner

1.	Name of Vessel:	2.	Official Number:		3.	IMO Number:	
4.	Name & Title of Person Submitting Application:	5.	Contact Numbers:		6.	Date Submitted:	
7.	7. Description of service extension/dispensation requested (details of equipment involved, proposal, etc.):						
8. Reason for service extension/dispensation requested (circumstances necessitating the extension/dispensation):							
9. Correction Action Plan (anticipated location/date for completion of repairs or servicing, itinerary of vessel, etc.):							
10.	Is Class informed? Yes \( \square\) No \( \square\)	11	. Is Class attendance	e arranş	ged?	Yes No No	
If yes, date of survey:							
12. Comments (recommendations from Class, if applicable):							
FOR MARITIME ADMINISTRATION USE ONLY							
Comments by Maritime Administration:							
Na	me & Title of Officer of Maritime Authority:	Ap	proved:		Dat	te reviewed:	
		Re	jected:			spensation valid	
		Ne	ed more information	ı·□	unt	ıl:	
	recu more mormation.						