



COMMONWEALTH OF DOMINICA MARITIME ADMINISTRATION

Vessel Inspection Request Form

To request inspection of a vessel please complete the below table and submit this form to inspection@dominica-registry.com. Upon receipt of this document our team will schedule the inspection as quickly and efficiently as possible.

Vessel Name		
IMO Number		
Proposed Ports of Call		
ETA, ETB, and ETD for each port indicated above		
Local Agent Information		
Type of Inspection Requested:		
Pre-Registration Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Initial Safety Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Annual Safety Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Semi-Annual Safety Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Periodic Safety Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Detention Prevention Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Post Detention Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Compliance Verification Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Alternative Safety Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Self-Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Post-Marine Casualty Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ISM Audit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ISPS Audit	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Special Safety Inspections	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Maritime Labour Inspection	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Statutory Survey (List below)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

If there are any special requests or requirements for the inspection of this vessel, please state in the box below so we may better serve your needs.

--