



Commonwealth of Dominica Office of the Maritime Administrator

Application Form for Continuous Synopsis Record

- 1 Ship IMO Number:
- 2 Flag State:
- 3 Date of registration with the State indicated in 2:
- 4 Name of the ship:
- 5 Port of registration:
- 6 Name of current registered owner(s):
Registered address(es):
- 7 Registered owner identification number
- 8 If applicable, name and address of current registered bareboat charter(s):
- 9 Name and address of Company (International Safety Management):

Address from where the company carries out safety management activities if other than that listed
- 10 Company identification number
- 11 Name of all classification societies with which the ship is classed:
- 12 Administration/Government/Recognized Organization which issued Document of Compliance:
Body which carried out audit for DoC (if different):
- 13 Administration/Government/Recognized Organization which issued Safety Management Certificate:
Body which carried out audit for SMC (if different):
- 14 Administration/Government/Recognized Organization which issued International Ship Security Certificate:
Organization that conducted ISPS verification if different from that issuing the ISSC
Name of contact person for the Company:

Name: _____ Place: _____ Date: _____

Signature _____