



Office of
Deputy Commissioner
of Maritime Affairs

THE REPUBLIC OF LIBERIA

LIBERIA MARITIME AUTHORITY

8619 Westwood Center Drive
Suite 300
Vienna, Virginia 22182, USA
Tel: +1 703 790 3434
Fax: +1 703 790 5655
E-Mail: transshipment@liscr.com

APPLICATION FOR TRANSSHIPMENT LICENSE			
[] INITIAL APPLICATION		[] RENEWAL	
Please complete this Application , the Declaration of Commitment to Comply with Conservation and Management Measures (CMMs) , and IUU Attestation and submit together with your plans and other related documents to: Email Address: transshipment@liscr.com.			
Specific Transshipment License requirements for Reefer/Transshipment Vessels:			
1. Complete this application for vessel's approval and issuance of transshipment license. Payment is due with application. Please see invoice.			
Name of Vessel:	Official Number:	IMO Number:	Call Sign
Type of Vessel:	Class Society	Former Name (if applicable):	
Home Port of Registry: Monrovia	Date of Registration: (mm/dd/yyyy)	Country of Registration: LIBERIA (LIB)	
Owner Of The Transshipment Vessel:			
IMO Registered Owner ID:			
Name of vessel Registered Owner (s):	Address of the Registered Owner:	Telephone:	
		Mobile Number:	
		Email:	
Name of Managing Agent / ISM Company	Address of the Managing Company:	Telephone No:	
		Mobile Number:	
		Email:	
<input type="checkbox"/> Transshipment is the activity which will be carried out by the vessel (please check off). Confirm the applicable Regional Fisheries Management Organization (RFMO) the vessel will be operating for which license application is being made/ applied for: Please check the boxes: <input type="checkbox"/> NEAFC <input type="checkbox"/> WCPFC <input type="checkbox"/> SPRFMO <input type="checkbox"/> ICCAT <input type="checkbox"/> IATTC <input type="checkbox"/> IOTC			
<input type="checkbox"/> The vessel will be licensed to operate in the Zone indicated on the transshipment license for one (1) year from date (mm/dd/yyyy) to date (mm/dd/yyyy) subject to specific conditions relative to each fisheries management area.			
The name of (current) Master of the vessel: Master's Liberian Certificate Number: Master's contact number on board:			
Provide/attach a copy of the current crew list. Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		Remarks/Comments:	

Vessel Monitoring System (VMS)? Yes No.

Note: VMS service will be provided for Liberian flagged vessels by a Company designated by the Administration. The Administration will provide the Automatic Location Communicator (ALC) equipment/the THORIUM VM/ER kit, which includes Thorium dome, blue tooth junction box and Thorium Tablet with mounting hardware. Installation of the equipment is the responsibility of the owner/operators. Installation can be executed locally by qualified engineers on board or experienced marine equipment installer. ****The Transshipment License will not be valid until the ALC has been properly installed.**

Provide Vessel Monitoring System (VMS) details:

*The serial number of the Terminal:

*The VMS equipment on board / satellite transmission (ex. INMARSAT-C)

***Note: Provide this information later if not readily available.**

Characteristics and Capacity of the Vessel: (to be completed if Initial Application or if changed since Initial Application)

Place of Built:	Builder:	Year Built: (mm/dd/yyyy)
Engine Manufacturer / Maker:	Hull Material:	
Depth:	Overall Length (m)	Breadth/Width (m)
Height (m):	Gross Tonnage (GT):	Engine Type:
Power of Engine (1) kw	Power of Engine (2) kw	Power of Engine (3) kw
Inboard (1) / Outboard (0)	Inboard (1) / Outboard (0)	Inboard (1) / Outboard (0)

2. Provide a list of the fish species that are to form part of the transshipment /commercial activity (If necessary, please attach separate sheet):

3. Provide three (3) colored photographs of the vessel showing the stern, bow and side. Attached: Yes No.
(to be completed if Initial Application or if changed since Initial Application)

4. Complete and sign the IUU Attestation and the Owners Declaration of Commitment to comply with CMMs (Form-RLM-109 FTL-002) for the proposed activity setting out the type of transhipped/transshipment items with schedule for the coming year. Attached: Yes No.

5. Submit Vessel Tracking Agreement Form (VTAF) from the CLS America, which has been designated by the Liberian Administration to provide monitoring and reporting service.
(to be completed if Initial Application or if changed since Initial Application)

Note: The Master is to report the delivery (transshipment) data/information (from report of fish catch) to the vessel operators and the Flag State via the Flag Administration's designated VMS provider, which is currently CLS America (or as may be subsequently determined by this Administration):

Contact Detail: CLS America
 4300 Forbes Blvd, Suite 110
 Lanham, MD 20706, USA

6.

Inspection:

Note:

- i) Initial Inspection may be required for issuance of transshipment license.
- ii) Inspection for sanitary purpose will be necessary. The sanitary inspection involves not only accommodation, kitchen, freezer facilities etc. onboard the vessel, but also sanitary conditions of loading the fish, and in general sanitary requirements for the cargo handling operations.

7.

Fees:

- i) The annual license fee and related charges: To be invoiced/See attached invoice.
- ii) Fee for related transshipment satellite equipment/Automatic Location Communicator (ALC) for tracking and data reporting. To be invoiced/see attached invoice.
- iii) Initial inspection and inspection for sanitary purpose requires additional fee: To be invoiced.

Note that the process for importing frozen fish in **EU countries** is two-fold: a) the reefer vessel must have a transshipment license so that it would not be listed in any IUU report and b) once the reefer has been issued a transshipment license from the flag, the Flag Administration may apply to EU (Brussels) to obtain an EU number for the vessel. The EU number is the "EU approval" for the reefer vessel to enter and discharge the fish to EU ports. There will be additional fee for this process if the Administration undertakes this procedure.

Acknowledgement:

[] I/we hereby acknowledge that there are other requirements per CMMs including high seas boarding, inspections, boarding by independent Observer, etc. which will require compliance by the Master/Owner/Operators/Vessel.

This application is submitted by (*Print Name*):

Title:

Signature:

Date: (mm/dd/yyyy)



Office of
Deputy Commissioner
of Maritime Affairs

THE REPUBLIC OF LIBERIA
LIBERIA MARITIME AUTHORITY

8619 Westwood Center Drive
Suite 300
Vienna, Virginia 22182, USA
Tel: +1 703 790 3434
Fax: +1 703 790 5655
E-Mail: transshipment@liscr.com

Declaration of Commitment to Comply with Conservation and Management Measures

I, the undersigned _____ of

name of DPA/Agent

_____ hereby confirm that the owner agrees to
name of owner/company
comply with the duties and obligations as laid down in the Conservation and Management Measures of the Regional Fisheries Management Organizations, within which _____ is /will be operating. This vessel will engage only in
name of vessel
transshipment activity in the specified Regional Fisheries Management Organization area(s) listed on the issued License.

Type of transshipped/transshipment items with schedule for the coming year:

I hereby understand that all communications which are to be reported to the Regional Fisheries Management Organizations will be channeled through myself as the appointed Agent/DPA to the Flag Administration or a company or person(s) designated by the Flag Administration from time to time.

Signature of Agent/DPA

Dated: _____
dd/mm/yyyy

Print name of Agent/DPA



THE REPUBLIC OF LIBERIA
LIBERIA MARITIME AUTHORITY

8619 Westwood Center Drive
Suite 300
Vienna, Virginia 22182, USA
Tel: +1 703 790 3434
Fax: +1 703 790 5655
E-Mail: transshipment@liscr.com

ATTESTATION

Relating to Illegal, Unreported, Unregulated Activities

I, the undersigned _____ of
name of DPA/Agent
_____ hereby attest to the following:
name of owner/company

(Please check all that applies)

That the _____, IMO No. _____ has no history of Illegal,
name of vessel
Unreported, Unregulated (IUU) activities, and has no pending investigations, enforcement,
outstanding fines and/or citations concerning alleged illegal fishing against it, or

That the _____, IMO No. _____ has been cleared of any
name of vessel
related allegation(s) of IUU activities.

And

Make this commitment not to engage in IUU (and non-transshipment) activities.

Remarks relating to any of the checked boxes. (Please attached separate sheet if necessary):

Signature of Agent/DPA Dated: _____
dd/mm/yyyy

Print name of Agent/DPA