



Office of  
Deputy Commissioner  
of Maritime Affairs

# THE REPUBLIC OF LIBERIA

## LIBERIA MARITIME AUTHORITY

22980 Indian Creek Drive  
Dulles, Virginia 20166, USA  
Tel: +1 703 790 3434  
Fax: +1 703 790 5655  
Email: [safety@liscr.com](mailto:safety@liscr.com)  
Web: [www.liscr.com](http://www.liscr.com)

### INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE DECLARATION OF COMPANY

Under the ISM Code, the declared Safety Management Company must provide contact information to the Administration. In accordance with Section 1.1.2 of the ISM Code, "Company" means the Owner of a ship or any other organization or person such as the Manager, or the Bareboat Charter, who has assumed the responsibility for operation of the ship from the Shipowner and who on assuming such responsibility has agreed to take over all the duties and responsibility imposed by the Code. The undersigned affirms that:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

is the Owner of record of the following Liberian registered Ship(s):\*

Ship Name	Official Number	Imo Number

In accordance with Section 3.1 of the ISM Code, if the entity responsible for the operation of the ship is other than the above stated Owner, the Owner must report the full name and details of such entity to the Administration. If such is the case here, the undersigned affirms that the "Company" responsible for all the requirements imposed by the Code for the Liberian registered Ship(s) listed above is:

Company: \_\_\_\_\_ IMO Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone/Work: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

The undersigned further understands that any change in "Company" must be reported in writing by facsimile or email to: [safety@liscr.com](mailto:safety@liscr.com) within two full business days to the Deputy Commissioner of Maritime Affairs.

\_\_\_\_\_  
Chairman or C.E.O. of Shipowner  
Date: \_\_\_\_\_

\* Additional sheets may be attached if needed.



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### INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE DECLARATION OF DESIGNATED PERSON ASHORE

To ensure the safe operation of each ship and to provide a link between the “Company” and those onboard, every “Company”, as appropriate, shall designate a person or persons ashore having direct access to the highest level of management. The responsibility and authority of the designated person or persons shall include monitoring the safety and pollution prevention aspects of the operation of each ship and to ensure that adequate resources and shore based support are applied, as required.

The undersigned affirms that (1) \_\_\_\_\_  
(name of Designated Person Ashore)

and (2), as alternate, \_\_\_\_\_  
(name of alternate Designated Person Ashore)

has(ve) been assigned pursuant to Liberian Maritime Regulation 2.35 and Section 4, of the ISM Code, as the “Designated Person(s) Ashore” for the following Liberian registered Ship(s):\*

Ship Name: \_\_\_\_\_ Official Number: \_\_\_\_\_ IMO Number: \_\_\_\_\_


The undersigned has also undertaken that the said “Designated Person(s)” will be available to the Office of the Deputy Commissioner of Maritime Affairs for Marine Safety at any time, as follows:

Name: \_\_\_\_\_

Address\*\* : \_\_\_\_\_

Telephone/ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone After Hours: \_\_\_\_\_ Cell Phone/Pager: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The undersigned further understand that any change in the said “Designated Person(s)” must be reported in writing by facsimile or email to: [safety@lisr.com](mailto:safety@lisr.com) within two full business days.

\_\_\_\_\_  
Chairman or C.E.O. of “Company

Date: \_\_\_\_\_

\* Additional sheets may be attached if needed.