DECLARATION OF INVOICING RESPONSIBILITY
(Billing instructions for LISCR)

Please submit this form whenever there is a change of management, or there is a need to update the vessel's billing information. The completed form should be submitted to **Contacts@liscr.com** or your local LISCR office.

PART 1

	Vessel Name *(add additional vessels on page 2)*	**Official Number**	**Registered Owner**
1			
2			
3			

Please list all billing agents for the listed vessel(s):

PART 2

1	**Billing Agent 1** – This company will be billed for Annual Tonnage Tax Invoices.			
	Company Name and Billing Address (exactly how it should appear on invoices)			
	Phone		Email(s)	
2	**Billing Agent 2**			
	Company Name and Billing Address (exactly how it should appear on invoices)			
	Phone		Email(s)	
3	**Billing Agent 3**			
	Company Name and Billing Address (exactly how it should appear on invoices)			
	Phone		Email(s)	

If more than 1 billing agent is listed above, please indicate which agent is responsible for each invoice type.

- **If only 1 billing agent is listed above, Part 3 can be skipped.**

PART 3

Invoice Type	**Billing Agent**			**Notes**
	1	**2**	**3**	
Bill this agent for all invoice types *(if applicable)*				
Registration Invoices				
Mortgages (including COE's)				
Armed Guard Letter				
Audits and Inspections				
Authorization Letter				
Block Fee Agreement (BFA) Annual Invoices				
Civil Liability Certificates (WRC, BCLC, CLC)				
Continuous Synopsis Record (CSR)				

Continued on page 2...

PART 3 *(Continued)*				
Invoice Type	**Billing Agent**			**Notes**
	1	**2**	**3**	
Dispensations				
Equivalency				
Exemptions				
Fuel Oil Consumption				
Inventory of Hazardous Materials (IHM) SOC				
LRIT				
Maritime Labor Convention (MLC)				
Minimum Safe Manning Certificate (MSMC)				
Plan Approvals				
Vessel Publications				
Radio Licenses				

Additional vessels may be added, if needed.

PART 4			
	Vessel Name	**Official Number**	**Registered Owner**
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

THIS IS TO CERTIFY THAT this record is correct in all respects:

Submitted by:	
Name of Company	
Name of authorized person *(Print)*	
Signature of authorized person	
Signed Date	

Please confirm the intended date that the billing information will become effective: [_____]