



THE REPUBLIC OF LIBERIA
LIBERIA MARITIME AUTHORITY

22980 Indian Creek Drive
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Dulles, Virginia 20166
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 other related documents: transshipment@liscr.com.			
Specific Transshipment License requirements for Reefer/Transshipment Vessels:			
1. Complete this application for vessel's authorization 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):	
Port of Registry:	Date of Registration: (mm/dd/yyyy)	Country of Registration: LIBERIA (LIB)	
Owner and Operator of the Transshipment Vessel:			
IMO Registered Owner ID No.:		IMO Managing Agent/ISM Company ID No.:	
Name of vessel Registered Owner (s):	Address of the Registered Owner:	Telephone No.:	
		Mobile No.:	
		Email:	
Name of Managing Agent/ISM Company:	Address of the Managing Agent/ISM Company:	Telephone No.:	
		Mobile No.:	
		Email:	
The vessel will carry out the following activities (Please check all that are applicable):			
a. Transshipment [] b. Fishing Vessel Re-fueling [] (<i>Prohibited by WCPFC</i>) c. Fishing Vessel Re-supply [] (<i>Prohibited by WCPFC</i>)			
Check the applicable box(es) to indicate Regional Fisheries Management Organization (RFMO) Area/s in which the vessel will be operating and for which the license is applied for: <input type="checkbox"/> IATTC <input type="checkbox"/> ICCAT <input type="checkbox"/> IOTC <input type="checkbox"/> SPREFMO <input type="checkbox"/> WCPFC (<i>Carrier vessels only</i>)			
<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.			
Name/Nationality of Master: Master's Liberian Certificate Number: Master's contact number onboard:			
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/TST LEO kit, which includes the dome, blue tooth junction box and tablet with mounting hardware. Installation of the equipment is the responsibility of the owner/operator. Installation can be executed locally by qualified engineers onboard 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 Built/Builder:	Year Built: (mm/dd/yyyy)	Engine Type:
Engine Power (kw):	Length Overall (m):	Breadth/Width (m):
Moulded Depth (m):	Height (m):	Gross Tonnage (GT):
Freezer Types:	Freezing Capacity/Units:	Number of Freezers:
Fish Hold Capacity/Units:		

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 one (3) colored photograph 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 transshipped/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: Woods Hole Group (Formerly 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 vessel Master/Owner/Operator.

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

Title:

Owner/Managing Agent Signature:

Date: (mm/dd/yyyy)



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**Declaration of Commitment to Comply with Conservation and
Management Measures**

I, the undersigned _____ of _____
name of DPA *name of ISM Company*

and on behalf of _____ hereby confirm that the Owner
name of owner/company

agrees to comply with the duties and obligations in accordance with the Conservation and
Management Measures (CMMs) of Regional Fisheries Management Organizations (RFMOs)
which _____ is /will be operating. This vessel will engage only in
name of vessel
authorized transshipment related activities in the specified RFMOs Convention Area/s.

Type of species/items to be transshipped:

I hereby understand that all communication which is to be reported to the RFMOs will be
channeled through myself as the appointed Agent/DPA to the Flag Administration or RFMOs
designated by the Flag Administration.

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

Print name of Agent/DPA



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ATTESTATION

Relating to Illegal, Unreported, Unregulated Activities

I, the undersigned _____ of _____
name of DPA *name of ISM Company*

and on behalf of _____ 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 fishing 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