



THE REPUBLIC OF LIBERIA  
LIBERIA MARITIME AUTHORITY

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Office of  
Deputy Commissioner  
of Maritime Affairs

**DECLARATION OF COMPANY SECURITY OFFICER**

*(To be filled out by the Company Security Officer)*

**Dates should be in the format ddMMyyyyy (e.g.10FEB2023)**

Information	
1	This will apply from (date):

2	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	
	Name of ship:		IMO Number:	

3	Name of Company (ISM):	
	Address of Company (ISM)	

4	Name of Company Security Officer	
	Email CSO:	
	Phone CSO:	
	Mobil Phone CSO:	
	24-hour number CSO:	

5	Name of Alternate CSO	
	Email ACSO:	
	Phone ACSO:	
	Mobil Phone ACSO:	
	24-hour number ACSO:	

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

Date of declaration: \_\_\_\_\_

Date estimated change: \_\_\_\_\_

Name of Company authorized person: \_\_\_\_\_

Signature of Company authorized person \_\_\_\_\_