



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: contacts@liscr.com
Web: www.liscr.com

DECLARATION OF COMPANY SECURITY OFFICER

(To be filled out by the Company Security Officer)

Dates should be in the format yyyy/mm/dd

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	Company:		
4	Name of Company Security Officer, and Alternative CSO:		
	Address(s) of its safety management activities if different from above:		
	Telephone/ Work:	Fax:	
	Telephone After Hours:	Cell Phone/Pager:	
	Email:		

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

Issued by the Company: _____ Date of issue: _____

Signature of authorized person: _____

Name of authorized person: _____