



Office of  
Deputy Commissioner  
of Maritime Affairs

**THE REPUBLIC OF LIBERIA**  
**LIBERIA MARITIME AUTHORITY**

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**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: [contacts@liscr.com](mailto:contacts@liscr.com) within two full business days to the Deputy Commissioner of Maritime Affairs.

Name of Owner's authorized person: \_\_\_\_\_  
Signature of Owner's authorized person: \_\_\_\_\_  
Date: \_\_\_\_\_

\* Additional sheets may be attached if needed.