



LISCR MARITIME AUDIT DEPARTMENT

Audit & Inspection Application Form

e-mail: audit@liscr.com Ph: +1 703 790 3434 22980 Indian Creek Dr., Dulles, VA 20166 USA

IN ORDER TO START PROCESS THIS FORM MUST BE COMPLETED AND SENT TO:
audit@liscr.com

DATE: _____

We kindly request you to carry out the following audit(s)/Inspection and issue applicable certificates:

1. Audit / Inspection Type	<input type="checkbox"/> ISM <input type="checkbox"/> ISPS <input type="checkbox"/> Harmonized ISPS/ISM <input type="checkbox"/> DOC (ISM Office) <input type="checkbox"/> MLC, 2006 <input type="checkbox"/> ILO 92/133 <input type="checkbox"/> BWM	<input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> Annual <input type="checkbox"/> Additional
2. SSAS Verification	<input type="checkbox"/> SSAS Verification <p style="text-align: center;"><u>FOR VERIFICATION OF A NEW OR SIGNIFICANTLY CHANGED INSTALLATION ONLY.</u></p>	
3. Safety Inspection Type	<input type="checkbox"/> Safety Initial (Must be done 3 months after Registration) <input type="checkbox"/> Safety Annual/ASI (Required every 12 months from the date of the last Safety Annual) <input type="checkbox"/> Safety Special <input type="checkbox"/> Pre-Registration	
4. Ship	<p>The ASI due date is calculated as 12 months from the last Safety Annual or Initial</p> Name of vessel : IMO Number : <p style="text-align: center;"><u>Attach a *CURRENT* copy of the Crew List with all Applications</u></p>	
5. Company (Complete as appropriate)	IMO Unique Company Number : E-Mail Address :	
6. Location of Verification (Complete as appropriate)	<p style="text-align: center;"><u>THIS PART MUST BE COMPLETED IN ORDER TO START SCHEDULING PROCESS</u></p> ETA : ETD : Date of Verification (Required) : Port : Port Country : Local Agent name: Local Agent address: Telephone : Fax : E-mail : <u>Next Ports of Call:</u> 1. Port : ETA : ETD : 2. Port : ETA : ETD :	



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Questionnaire

Please complete the **applicable** sections.

ISPS

Item	Question	Answer	Ref.	
1.	Was the approved SSP or a copy received and implemented on board the vessel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Copy <input type="checkbox"/>		
2.	Is a Ship security alert system installed onboard? If not, what is the date it will be installed?	Yes <input type="checkbox"/> Date: _____	SOLAS	Chp. XI Reg. 6
3.	How long has the SSO been onboard?	Term: _____	Part A	19.4.2.7

Prior to the ISPS audit please make sure that the following are in good order:

- The SSP email confirmation of receipt or letter of approval must be on board for interim and initial audits, respectively.
- The SSO must hold a valid SSO training certificate
- All crew in accordance with the Safe Manning Certificate must be on board at the time of the audit

SSAS

1.	Is there confirmation from the Administration of a SSAS Test message on board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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ISM

1.	Was an internal audit carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When was the last? _____
2.	Are there any outstanding Nonconformities	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____ Include a copy of the Corrective Action Report.
3.	Has the SMS been in operation for at least 3 months prior to the audit	Yes <input type="checkbox"/> No <input type="checkbox"/>

MLC, 2006

1.	Is a DMLC-I and a DMLC-II review letter available on board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Has the DMLC-II been implemented on board?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Long? _____
3.	Are there any outstanding Deficiencies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____ Include a copy of the Corrective Action Report.

Prior to an Interim MLC inspection, make sure that the email confirming receipt of the draft DMLC-II is available on board.

Questions related to MLC, 2006 should be sent to MLC@liscr.com.

Name of person that filled in the questionnaire: