

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ



Ministry of Economic Development, Transport & Trade
Male', Maldives

M - 17

APPLICATION FOR PORT STATE CLEARANCE

Name of the vessel: _____ Agent Name: _____
Registration Number: _____ Agent Address: _____
IMO Number: _____ Agent Phone Number: _____
Owner: _____ Vessel Arrival Date: _____
Operator: _____ Vessel Departure Date: _____
Flag: _____ Last Port of Call: _____
Gross Tonnage: _____ Next Port of Call: _____

Certificate	Certificate Number	Issued Date	Annual Endorsement Date	Expiry Date
Safety Construction Certificate				
Safety Radio Certificate (with record if any)				
Safety Equipment Certificate (with record if any)				
Load Line Certificate				
I.O.P.P Certificate (with the record)				
I.A.P.P Certificate (with the record)				
I.S.P.P Certificate (with the record)				
Minimum Safe Manning Certificate				
International Safety Management Certificate				
International Ship Security Certificate				
Document of Compliance (Copy)				
Continuous Synopsis Record				

Please submit this form together with the original and a copy of the following documents

- All Class and Statutory Certificates
- Crew List
- Certificates Issued to Officers and Crews
- Certificate of Registration

I, as the agent or the representative of agent, hereby declare, to the best of my knowledge, the information given in this form is correct and complete.

Signature: _____

Name: _____

Designation: _____

Date: _____

Official Use

Port State Control Form Received by: _____ Designation: _____

Port State Control Form Received Date: _____ Time _____