Australian Government
Australian Maritime Safety Authority

Application for Continuous Synopsis Record

WARNING: Please ensure that all information is up to date in order to avoid possible deficiencies or detention at PSC/FSC inspections.

All boxes must be completed. Indicate N/A if 'not applicable'

1. Name of ship

2. IMO ship number

3. Official number

4. Date of registration of ship

   / /

5. Home port of ship

6. Owner's name and address

7. Registered owner identification number

8. Bareboat Charterer's name and address (if any)

9. Company identification number

10. Name and address of company responsible for the ship's International Safety Management System

11. Address from where the company carries out safety management activities, if other than listed in (8)

12. Classification societies with which the ship is classed

13. Administration/Government/Recognised Organisation which issued the Document of Compliance (DOC)

14. Organisation that conducted audit, if different from that issuing the DOC

15. Administration/Government/Recognised Organisation which issued the Safety Management Certificate

16. Organisation that conducted audit, if different from that issuing the SMC

17. Administration/Government/Recognised Organisation which issued the International Ship Security Certificate (ISSC)

18. Organisation that conducted audit, if different from that issuing the ISSC

Declaration

To the best of my knowledge, the information given by me on this application is true and correct in every detail.

.... / ..... / 20 .....
Name Signature Date

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Telephone Facsimile Email address