

## GENERAL DIRECTORATE OF INSPECTION, MONITORING AND CONTROL MONITORING AND CONTROL DEPARTMENT



## Request for VMS Beacon Certificate

This form is intended to be used by the Owner or Legal Representative of vessel, that requests a Beacon Certificate

|                              |                   |                |              |                     | Request:            | New En          | itry            |                |
|------------------------------|-------------------|----------------|--------------|---------------------|---------------------|-----------------|-----------------|----------------|
|                              |                   |                |              |                     |                     | Renewa          | ıl              |                |
| 1. Identification Particula  | ar of the Vessel: |                |              |                     | _                   |                 |                 |                |
| Vessel Name                  |                   |                |              |                     |                     | Type of Service |                 |                |
| No. IMO                      | Call Sign         |                | MMSI         |                     |                     | essel Type      |                 |                |
| FAO Zone and RFMO            |                   |                |              |                     | Port of Registry    |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| 2. Main Dimensions of the    | e Vessel and Pr   | opulsion Syste | em.          |                     |                     |                 |                 |                |
| Length                       | Meters            | Gross Tor      |              |                     | 7                   | Power           |                 | Kw             |
| Breadth                      | Meters            | Net Tonna      | _            |                     | =                   | Engine Type     | е<br>е          | _              |
| Depth                        | Meters            | Speed          |              |                     | Knots               | Number of       |                 |                |
| Бериг                        | Wicters           | Бреси          |              |                     | Knots               | Number of       | Cymiders        |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| 3. Vessel's Owner details    |                   |                |              |                     |                     | _               | -               |                |
| Owner's name                 |                   |                |              |                     |                     | Telephone       |                 |                |
| Owner's address              |                   |                |              |                     | _                   |                 |                 |                |
|                              |                   |                |              |                     | Email               |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| 4. Device and Satellite Ser  | rvice Provider (  | details        |              |                     |                     |                 |                 |                |
| Satellite Service Number     |                   |                | Satellite Se | ervice Provider     |                     |                 | (Iridium, Argos | s, Inmarsat-C) |
| If Satellite Service Provide |                   | ndicate DNID   | 1            |                     | DNID                |                 | MEM             |                |
| Device Serial Number         |                   |                | Device 1     |                     |                     | Model           | 112211          |                |
| Device Serial Number         | Attach copies of  | the VMS Equip  | <b>⊥</b>     | on Certificate and/ | or Certificate of I | _               |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| 5. VMS Device Provider       | details           |                |              |                     |                     |                 |                 |                |
| VMS Device Provider          |                   |                |              |                     |                     |                 |                 |                |
| Address                      |                   |                |              |                     |                     |                 |                 |                |
| Contact                      |                   | Telephone      |              |                     | Email               |                 |                 |                |
| Contact                      |                   | Telephone      |              |                     | Eiliaii             |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| 6. Legal Representative's    | Details           |                |              |                     | _                   |                 |                 |                |
| Attorney Firm's Name         |                   |                |              |                     | Email               |                 |                 |                |
| Address                      |                   | _              |              |                     |                     | _               |                 |                |
| Lawyer                       |                   | Email          |              |                     |                     | Telephone       |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
| Owner                        | or Legal Repre    | esentative     |              |                     |                     |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
|                              |                   |                |              |                     |                     |                 |                 |                |
|                              | Signature         |                | -            |                     |                     | Date            |                 | _              |