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|  | Maritime and Port Authority of SingaporeShipping Division460 Alexandra Road#21-00 PSA Building Singapore 119963Tel: (65) 6375 6251 Fax: (65) 6375 6231Email: shipping@mpa.gov.sghttp://www.mpa.gov.sg |

# APPLICATION FOR EXEMPTION OR DISPENSATION FROM REGULATION

## Important Notes

1. This form may take you 10 minutes to complete.
2. Please submit the completed form through the Classification Society to the Flag State Control Department, Shipping Division, MPA (email: shipping@mpa.gov.sg).
3. Please enclose a copy of the relevant certificates and documents to support your application.

## Ship Particulars

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Ship: | Click here to enter text. | Ship Type: | Click here to enter text. |
| IMO Number: | Click here to enter text. | **Gross Tonnage:** | Click here to enter text. |
| Keel Laid Date: | Click here to enter text. | **Classification Society:** | Click here to enter text. |

## Details of Relevant Certificate(s)

### The relevant main certificate(s) for which the exemption or dispensation is required (e.g. Cargo Ship Safety Equipment Certificate)

Click here to enter text.

### Type of voyage as specified in the certificate(s) (e.g. international, 30-mile limit)

Click here to enter text.

### The classification society which will issue the main certificate(s) and the expected expiry date of the main certificate(s), if available

Click here to enter text.

## Details of Exemption or Dispensation

### Reference of regulation(s) from which the exemption or dispensation is required

Click here to enter text.

### Provision in the regulation(s) which allows the exemption or dispensation to be granted

Click here to enter text.

### Reason(s) and justification for requesting the exemption or dispensation

Click here to enter text.

### Duration requested for the exemption or dispensation

Click here to enter text.

### Risk control measures to be implemented during the period of exemption or dispensation

Click here to enter text.

### (For dispensation) Details of the repair plan, including the ship’s schedule, and the expected location and date where the defect will be repaired

Click here to enter text.

## Recommendation by Classification Society

### Supported by Classification Society

[ ]  Yes | [ ]  No

### Comments

Click here to enter text.

## Other Information

Click here to enter text.

## Particulars of Applicant

### Name

Click here to enter text.

### Owner / Company / Agent / Classification Society

Click here to enter text.

### Telephone number

Click here to enter text.

### Email address

Click here to enter text.