V-KDI-I-1-en/ 27.08.2024.

SERVICE APPLICATION FORM

Maritime Safety Inspectorate Maritimo Administration of Latvia

	Wantine Aun			
Details of the applicant	Applicant – INDIVIDUAL	Applicant – LEGAL ENTITY		
	Name, surname:	Service Applicant and Payer:		
	Person's ID:	Registration No.:		
	Address:	VAT No.:		
		Address:		
	Phone:	Phone:		
De	E-mail:	E-mail:		

1 10000 pi	ovide the following service (ii	ick the hecessury).					
VESSEL	Name:	PLEASURE CRAFT	Name:				
	IMO or Reg. No.		Loa = (m)				
technical inspection			technical inspection				
	☐ initial ☐ renewal ☐ intermediate in dry-dock	☐ annual ☐ additional	initial periodical additional				
			ENTERPRIS	E Name:			
approval of documents security plan amendments to security plan DMLC part II							
			inspection initial annual renewal				
☐ MLC in ☐ ISPS au	spection udit			RGO TER	MINAL INS	PECTION	
	☐ interim ☐ renewal ☐ initial	☐ additional ☐ intermediate					
	develop or		SAFETY MANAGEMENT SYSTEM AUDIT (ISM)				
 review and accept technical project for shipbuilding technical project for conversion technical project for modernization stability information issue of the Certificate of Minimum Safe Manning (information supplemented) 			☐ interi ☐ initia ☐ annu	I		L	
			☐ intermediate ☐ renewal ☐ additional		□ SHIPPI Name:	NG COMPANY	
<pre>register EPIRB and issue the registration card</pre>			☐ MIC (Assignment of the Unique Code of the Manufacturer of Recreational Craft)				
calculate tonnage and issue of the Tonnage Certificate			other servi	ces			
measure fishing vessel hold capacity and issue of the Certificate of Fishing Vessel Hold Capacity							
Preferable		Place of inspection:					
of inspectio	on:						

Please provide the following service (tick the necessary):

Payment for the services provided in accordance with the Service Pricelist of the Maritime Administration of Latvia and the Cabinet Regulations No. 854 adopted on 21 December 2021 "The Service Pricelist of the "Maritime Administration of Latvia", as well as the transportation of an employee of the Maritime Safety Department to/from the inspection site or the reimbursement of travel and subsistence expenses, guaranteed.

Bank Details:	Bank: Bank code: Account No.:		Signature: Name, surname, position	
Date:				
Reg. No.			Z. v	