



APPLICATION FOR EXTENSION, DISPENSATION, EQUIVALENCE OR EXEMPTION

TYPE OF APPLICATION							
Extension() Dispensation		() Equivalence ((🔲)	\square) Exemption ()		
1. Name of Vessel:		2. IMO Number:		3. Da	3. Date Submitted:		
4. Name & Title of Person Submitting Application:		5. Contact No.:		6. En	6. Email:		
7. Company's Name (ISN Vessel's Safety Manaş	,			,			
8. Description of extension involved, proposal, etc.	•	equivalence o	exemption	requested (details of ed	quipment	
9. Reason for extension/o the extension/dispensa				quested (circ	cumstances	necessitating	
10. If the application is for (anticipated location)						Plan	
11. Special conditions or	further remarks	:					
FOR MARITIME ADMINISTRATION USE C							
Approved () Rejector		ted ()	ed () Ne		ed More Information ()		
Comments by Shipping D	vivision:						
Regulation that grants the extension/dispensation/eq exemption:							
			Name & Title of Officer:				
Date Reviewed:			Extension/dispensation/equivalence or				