



**Republic of the Philippines**  
**Department of Transportation and Communications**  
**MARITIME INDUSTRY AUTHORITY**

Company       Shipboard

**Audit Application**  
**ISM CODE CERTIFICATION**

Date: \_\_\_\_\_

Company Name:					
Company Address:					
MARINA Accreditation No.:	TIN No.:				
Ship's Name :	Homeport :				
Location of Vessel :					
Audit Request:                      Initial <input type="checkbox"/> Annual <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> Additional <input type="checkbox"/>					
Date of Audit: .....					
Company DOC No. <span style="float:right;"><input type="checkbox"/> Interim      <input type="checkbox"/> Full Term</span>					
Date Issued:                      Issued by :                      Validity:					
Ship's SMC No.:                      Issue Date :                      Validity:	<span style="float:right;"><input type="checkbox"/> Interim      <input type="checkbox"/> Full Term</span>				
Distinctive No. or Letters :	Gross Tonnage :				
Type of ship (reference also to copy of valid DOC as found onboard):					
<input type="checkbox"/>	Passenger Ship	<input type="checkbox"/>	Oil Tanker	<input type="checkbox"/>	Submersible Craft
<input type="checkbox"/>	Passenger – HSC	<input type="checkbox"/>	Chemical Tanker	<input type="checkbox"/>	Tugboat
<input type="checkbox"/>	Cargo Ship	<input type="checkbox"/>	Gas Carrier	<input type="checkbox"/>	Fish Carrier w/ SIV
<input type="checkbox"/>	Cargo - HSC	<input type="checkbox"/>	MODU	<input type="checkbox"/>	Other Cargo Ships
<input type="checkbox"/>	Bulk Carrier	<input type="checkbox"/>	FPSO/FSU	<input type="checkbox"/>	
If Other Cargo Ship, Please Specify Type: .....					
Enclosed with this application:					
<input type="checkbox"/> Internal Audit Report					
<input type="checkbox"/> Master's Review					
<input type="checkbox"/> Management Review					
Name of Applicant:.....			Signature:.....		
Title/Designation:.....			Date :.....		
Contact No.: .....					