



# 艾氏船级社

## INTERNATIONAL SHIP CLASSIFICATION

上海市黄浦区南京东路 409 号置地广场 1102 室 邮编(ZIP): 200001

Rm 1102, Zhidi Plaza, 409 East Nanjing Road, Huang Pu District, Shanghai, China 200001

电话(TEL): 021-65951429

### DOC AUDIT APPLICATION FORM

*For company / owner submission*

Please complete all applicable sections and attach the required supporting documents.

#### 1. COMPANY DETAILS

Company Name	
Registered Address	
Company IMO Number	
Country of Incorporation	
Contact Person	
Designation	
Telephone / Email	
Designated Person Ashore (DPA)	
DPA Contact Details	

#### 2. TYPE OF APPLICATION

<input type="checkbox"/> Initial DOC Audit	<input type="checkbox"/> Interim DOC Audit
<input type="checkbox"/> Annual DOC Audit	<input type="checkbox"/> Renewal DOC Audit
<input type="checkbox"/> Additional Ship Type Audit	<input type="checkbox"/> Change of Company Particulars
<input type="checkbox"/> Other:	

#### 3. SHIP TYPE(S) TO BE COVERED UNDER DOC

<input type="checkbox"/> Bulk Carrier	<input type="checkbox"/> Oil Tanker	<input type="checkbox"/> Chemical Tanker	<input type="checkbox"/> Gas Carrier
<input type="checkbox"/> Container Ship	<input type="checkbox"/> General Cargo Ship	<input type="checkbox"/> Ro-Ro Cargo Ship	<input type="checkbox"/> Passenger Ship
<input type="checkbox"/> High Speed Craft	<input type="checkbox"/> Offshore Support Vessel	<input type="checkbox"/> Tug	<input type="checkbox"/> Barge

<input type="checkbox"/> Other:			
---------------------------------	--	--	--

4. COMPANY'S SAFETY MANAGEMENT SYSTEM (SMS)	
SMS Manual Title	
Revision No. / Date	
Date Implemented	
Fully Implemented	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remarks (if any)	

5. AUDIT ARRANGEMENT REQUEST	
Preferred Place of Audit	
Preferred Audit Date(s)	
Mode of Audit Requested	<input type="checkbox"/> Onsite <input type="checkbox"/> Remote (subject to acceptance) <input type="checkbox"/> Either
Preferred RO / Auditor	

6. PREVIOUS CERTIFICATION HISTORY	
Previous DOC Held	<input type="checkbox"/> Yes <input type="checkbox"/> No
Flag Administration / RO	
DOC Number	
Issue Date / Expiry Date	
Suspended / Withdrawn / Cancelled Before	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, details	

7. ATTACHED DOCUMENTS	
<input type="checkbox"/> Certificate of Incorporation / Business Registration	<input type="checkbox"/> Company Organization Chart
<input type="checkbox"/> Company IMO Number evidence	<input type="checkbox"/> SMS Manual / Index / Master List
<input type="checkbox"/> Internal Audit Report	<input type="checkbox"/> Management Review Record
<input type="checkbox"/> List of Managed Vessels	<input type="checkbox"/> Details of DPA and key shore personnel
<input type="checkbox"/> Previous/Present DOC copy, if any	<input type="checkbox"/> Other supporting documents:

**8. DECLARATION BY COMPANY**

We hereby apply for the Document of Compliance (DOC) Audit for the company named above and confirm that the information provided is true and correct. We further confirm that the Company has established and implemented a Safety Management System in accordance with the ISM Code and that all relevant manuals, records, and supporting documents will be made available for review by the Administration and/or the RO.

<b>Name of Authorized Signatory</b>	
<b>Designation</b>	
<b>Signature / Company Stamp</b>	
<b>Date</b>	

**FOR OFFICIAL USE ONLY**

<b>Date Received</b>	
<b>Reviewed By</b>	
<b>RO / Auditor Assigned</b>	
<b>Remarks</b>	