

**FORMAT FOR APPLICATION FOR INTERNATIONAL ANTI-FOULING SYSTEM
CERTIFICATE**

OPERATOR:

ADDRESS:

TELEPHONE: **FAX:**

E-MAIL:

THIS IS TO REQUEST FOR A SURVEY OF THE SHIP AND ISSUE OF:

International Anti-Fouling System Certificate

The ship is in dock:
(time and place)

PARTICULARS OF THE SHIP:

NAME OF SHIP:

**DISTINCTIVE
NUMBER OR
LETTERS:**

IMO NUMBER:

GROSS TONNAGE:

**PORT OF
REGISTRY:**

APPENDED TO THE APPLICATION:

(mark the applicable box)

- Information supported by documentary evidence for applying for the AFS Certificate
(Annex 2 to the Regulation), including required documents

REPRESENTATIVE OF APPLICANT:

.....

(given name and surname)

.....

(position)

Signature

.....

Date

.....