



Issued from: SIS Dpt. <input type="checkbox"/> Doc. Dpt. <input type="checkbox"/> Offshore Vessel Div. <input type="checkbox"/> Yacht Dpt. <input type="checkbox"/>					Date:	
Instruction for the Issuance of Certificates form						
SHIP'S NAME:						
IMO No.		G.T.:		N.T.:		L.B.P.:
INSB Class No.:		FLAG:		TYPE OF SHIP:		
1. CERTIFICATES TO BE ISSUED						
Type		Int.	Short Term	F.T.	Validity	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Important Note: Draft of certificates to be issued must be attached to this form

2. CHECKLIST FOR ISSUANCE

- i) As per QP-37/F-01, all the applicable manuals required for the classification or statutory certification have been approved, as appropriate.
- ii) As per ship's survey status, there are no overdue surveys.
- iii) As per ship's survey status, there are no pending surveys having to be completed.
- iv) In case of PSC Ship's Detention, there are no unrectified recommendations.
- v) There are no outstanding recommendations recorded at memos.
- vi) There are no administrative reasons for the non-releasing of the certificates.

3. *Note: In case that one or more items of the above checklist cannot be positively marked, the form QP-37/F-01, accompanied by a narrative report indicating the respective reasons, is issued by the Head of Department/Division and forwarded to the Technical Committee, for their consideration and relative instructions.*

4. SURVEY STATUS

Copy of the survey status has to accompany the issued certificates.



INSB Class

F-4517-14	
Issue date:	Oct. 2024
Revision:	00
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Head of Department/Division

Date:

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Name/signature:

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