**Subject** | Application for exemptions, waivers and equivalents

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| **Notes:** | a) Please complete this application form and submit it through the Recognized Organization to the Portuguese Maritime Administration;b) Please enclose copies of relevant certificates and documents. |

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| Name of the vessel: |                      | Ship type: |                      |
| Gross Tonnage: |                      | IMO number: |                      |
| Keel laid date: |                      | Recognized Organization: |                      |

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| 1. The relevant main certificate for which the exemption is required:

                                                                                                                         |
| 1. Voyage, for which the exemption certificate/conditional certificate is requested to be granted:

                                                                                                                         |
| 1. Equipment, system or arrangement and reference to regulation(s) from which exemption is required:

                                                                                                                         |
| 1. Reasons for requesting the exemption, waiver or equivalent:

                                                                                                                         |
| 1. Reference to the provisions in the regulations which allows the exemption to be granted:

                                                                                                                         |
| 1. Actual situation of the ship, conditions or alternative arrangement proposed:

                                                                                                                         |
| 1. Copy of exemption certificate issued by previous flag Administration (this applies in the case that the same exemption was granted by the previous flag Administration):

                                                                                                                         |
| 1. Other comments/information:

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**Applicant**:

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| --- | --- | --- | --- |
| Name: |                                          | Company: |                                          |
| Telephone: |                                          | Fax: |                                          |
| Email: |                                          | Date: |                                          |