

CERTIFICATE OF TEST AND THOROUGH EXAMINATION OF LOOSE GEAR

Name of Ship

Certificate No.

Official Number

Call sign

Port of Registry

Name of Owner

Distinguishing number or mark	Description of loose gear	Number tested	Date of test	Test loaded (tonnes)	Safe working load (SWL) (tonnes)
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Name and address of makers or suppliers:

Name and address of the firm or competent person who witnessed testing and carried out thorough examination

I certify that the above items of loose gear were tested and thoroughly examined and no defects affecting their SWL were found.

Date:

Signature:

Place:

Note: This certificate is the standard international form as recommended by the International Labour Office in accordance with ILO Convention No. 152.

