

**Inshore Vessel Monitoring System (I-VMS) Type Approval Process**

**Expression of Interest**

**1. GENERAL**

1.1. The Authority, (Marine Management Organisation – MMO), wishes to award Type Approval status to any device which meets the I-VMS Functional Requirements Specification.

1.2. The Authority has made all information about this process available via your web browser at [I-VMS type approval programme - GOV.UK (www.gov.uk)](https://www.gov.uk/guidance/i-vms-type-approval-programme).The only information available about this process is available via this page.

1.3. Applicants are requested to submit their Expression of Interest by completing the I-VMS Expression of Interest Response part of this document and sending it to ivms@marinemanagement.org.uk with ‘**Applicant Name; IVMS Expression of Interest Response**’ clearly denoted in the subject header.

1.4 Applicants are requested to return the Expression of Interest by 9.00 am, BST 03/09/2021.

1.5 Applicants are requested to complete the tables in the Response part of this document.

2. DECLARATION DEVICE DETAILS

3. CONTACT DETAILS

4. EXPRESSION OF INTEREST DECLARATION

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**Inshore Vessel Monitoring System (I-VMS) Type Approval Process**

**Expression of Interest Response**

**Company Name:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. DECLARATION DEVICE DETAILS**

Completing the table below in this section you are able to confirm how many devices and their characteristics that you are wanting to submit.

Please be aware that it is possible to provide more than 1 device in this Type Approval process.

|  |  |  |
| --- | --- | --- |
| **Device Type** | **Flat rate only** **(3 to 10 min)** | **Variable rate** **(rate 1 in 0.6nm, rate 2 +6nm)** |
| **Fixed power** | *{Device Name(s) and Model Reference(s) / N/A}* | *{Device Name(s) and Model Reference(s) / N/A}* |
| **Removable / Rechargeable power** | *{Device Name(s) and Model Reference(s) / N/A}* | *{Device Name(s) and Model Reference(s) / N/A}* |

**3. CONTACT DETAILS**

Please provide Primary and Secondary contact details if you intend to participate in the Type Approval process.

|  |
| --- |
| **Primary Contact** |
| **Name** |  |
| **Designation / Position** |  |
| **Mobile** |  |
| **email** |  |
| **Secondary Contact** |
| **Name** |  |
| **Designation / Position** |  |
| **Mobile** |  |
| **email** |  |

**4. EXPRESSION OF INTEREST DECLARATION**

Having examined the documents provided in the I-VMS Type Approval process, we would like to confirm our intention of:

|  |  |
| --- | --- |
| **Company Name** |  |
| **Participating (Yes/No)** |  |
| **If No, please provide brief details** |  |
| **Signature** |  |
| **Print Name** |  |
| **Designation / Position** |  |
| **Date** |  |