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|  | Application for Assessment ofEquivalence / Exemption / Alternative Design and Arrangement (ADA) from Statutory Requirements | MSF 1261 Version 5.0 |
| Vessel (or Unique Identifier)  |  |
| Subject |  |

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| **1. APPLICANT DETAILS** |
| **Name** |  | **Company** |  |
| **Address** |  |
| **Post code** |  | **Country** |  |
| **Telephone** |  | **E-mail** |  |
| **NAME AND ADDRESS OF OWNER/OPERATOR (IF DIFFERENT FROM ABOVE)** |
| **Name** |  | **Company** |  |
| **Address** |  |
| **Post code** |  | **Country** |  |
| **Telephone** |  | **E-mail** |  |

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| **2. PAYMENT DETAILS (TO BE COMPLETED BY APPLICANT)**  |
| **Payment is by via GOV.UK pay using Credit/Debit Card:** [**CLICK HERE**](https://products.payments.service.gov.uk/pay/012aaf85954744c39621d4fa8efcc7c0)***[please contact*** ***HQSurvey@mcga.gov.uk*** ***for an estimate of fees]*** |
| **I apply for the assessment of this application for Assessment of****Equivalence / Exemption / Alternative Design and Arrangement (ADA) from Statutory Requirements described in this form and I agree to pay all fees incurred.** | **£** |  |
| **Name**  |  | **Position in Company** |  |
| **Signature**  |  | **Date** | Enter date. |

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| **PART A [TO BE COMPLETED BY OWNER / OPERATOR / MANAGING COMPANY IN CONJUNCTION WITH RECOGNISED ORGANISATION (RO) WHERE APPLICABLE]** |
| **SHIP IDENTIFICATION AND GENERAL DATA** |
| IMO No. |  | Official No. |  |
| Type of vessel\* | Please Select | Length (registered) \* |  |
| UK Class\* | Please Select | MCA File reference\* |  |
| Recognised Organisation | Please Select | Certifying Authority | Please Select |
| Gross Tonnage\* |  | No. of Crew\* |  |
| Operating Area(Category of water / at sea) \* | Please Select | No. of Passengers\* |  |
| Keel laying date\* |  | No. of Special Personnel\* |  |
| Hull material\* |  | No. of Industrial Personnel\* |  |
| **Please provide a general description of the operation of vessel – including geographical location and any existing operational limits:**  |
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| **A1 BACKGROUND CASE / PROVISIONS IN PLACE** |
| **Description of non-compliance:\***  |
|  |
| **Explain why the vessel cannot be made compliant:\*** |
|  |
| **Explain what arrangement/provisions are in place as an alternative?\*** |
|  |
| **Will the vessel be using Innovative Technology, Alternative Fuels and/or novel propulsion systems?**  | Yes/No |
| **If yes, give brief details and confirm if you have been in contact with MCA HQ Survey Branch and are following MGN 664 / RO Risk Based Certification** |
| (See MGN 664 Annex C) <https://www.gov.uk/government/publications/mgn-664-mf-certification-process-for-vessels-using-innovative-technology>  |
| **Supporting Documentation and comments: (please note plans associated with the item(s) being requested must be supplied e.g. nav light drawing for a nav light exemption - if not supplied the application will be returned); add more lines to the document list and free text below as required.\*** |
|  |
| **SUPPORTING DOCUMENT LIST** | **TITLE AND DOCUMENT REFERENCE** |
|  *e.g. Drawing/ material or equipment approval cert/ existing exemption/ misc / etc* | *e.g. Navigation light arrangement dwg reference 12345-00-Rev A / letter ref XX dated DDMMYY / material cert XXX / DAD XXX etc* |
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**GUIDANCE NOTES**

1. **Upon completion of Part A:** When you have completed Part A, please send by it by email (email is our preferred method of delivery), as a word document to your MCA Customer Service Manager (CSM) or MCA point of contact, otherwise please send to your Certifying Authority or Recognised Organisation responsible for the Certification which this application refers to. This person will complete Part B.
2. Where you do not have a MCA CSM/point of contact, CA or RO for the appropriate Certificate, please complete Part B then send the application direct to HQSurvey@mcga.gov.uk.
3. Please pay by Credit/Debit Card payment via GOV.UK Pay online payment facility: <https://products.payments.service.gov.uk/pay/012aaf85954744c39621d4fa8efcc7c0>
4. Any refunds or requests for additional fees will be made to the applicant, in whose name the account will be held.
5. Work will not start until this form has been completed, signed and the deposit / fee received.
6. The Maritime and Coastguard Agency (MCA) will use your contact details to send you information about the service(s) you are applying for, as part of its functions as a government department. Your information will be kept secure and will not be used for any other purpose without your permission. To find out more about how the MCA looks after personal data, your rights, and how to contact our data protection officer, please go to [www.gov.uk/mca](http://www.gov.uk/mca).

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| **PART B [TO BE COMPLETED BY MCA MO/CA/RO]** *(see note above)* |
| **B1 STATUTORY PROVISIONS** |
| Application for:\*  | Please Select |
| **Regulation from which an equivalence / exemption / ADA is sought including reference to the associated SI, MSN and Convention etc where applicable (UK and International as appropriate):\*** |
|  |
| **In respect of (the areas to be exempted/equivalence/ADA):\*** |
|  |
| **Regulation which permits an equivalence / exemption / ADA including associated SI, MSN and Convention etc reference (International/ UK regulation as appropriate):\*** |
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| **B2 BACKGROUND CASE / PROVISIONS IN PLACE** |
| **Additional information / Supporting documentation:** |
|  |
| **Draft provisions or conditions to be applied if agreed:** |
|  |
| **Other similar cases or vessels (provide file references or reference documents where appropriate on UK vessels):** |
|  |

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| **B3 ASSOCIATED CERTIFICATE DETAILS** |
| **Title of Certificate:\*** |
|  |
| **Expiry Date:\*** Enter date. |

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| **B4 MCA MO/CA/RO DECLARATION** |
| I confirm that:1. I have reviewed the information contained with this application and I take responsibility for its content.
2. Where required I will re-issue the associated certificate to indicate an exemption has been issued on a successful submission.
 |
| Completed By\* | Name |  | Position |  |
| Associated plans attached and documentation? |  Yes/No \* if no please return to customer  |  |
| Marine Office/CA/RO\* |  |  |

**Only information contained or referenced in this document will be considered when reviewing this application. Fields marked with a** \* **must be completed.**

**Send this form and supporting documentation / references to** **HQSurvey@mcga.gov.uk**

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| **PART C [TO BE COMPLETED BY SURVEY OPERATIONS]** |
| **C1 SURVEY OPERATIONS INITIAL REVIEW** |
| **Initial review comments: (detail sister vessel or similar case used, where appropriate):** |
|  |
| IMO notifiable |  |  |
| Reviewed By |  | Date: | Enter date. |
| Innovative Technology? | Specialist Lead(s):  | Innovative Tech File Ref:  |
| Yes/No |  |  |
| **Status of project:**  |
| If further information is required see Part D.  |

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| **C2 SURVEY OPERATIONS FINAL REVIEW** |
| **Decision:** Please Select | **as:** Please Select |
| **Date of final review and/or decision:** Enter date. |
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|  |
| **Provisions or conditions to be applied:** |
|  |
| **Final review by:** | **MSF1261 Agreed by:** |
| **Name** | **Date** | **Name** | **Date** |
|  |  Enter date. |  | Enter date. |
| Please Select |  |  |
| **Name**  | **Date** |
|  | Enter date. |
| **Log Number** |  | **GISIS Number** |  |
| **Pelorus Certificate Number** |  | **TSOPs Work Order Number** |  |
| **The associated Certificate** Please Select **be issued to reflect this approval request.** |

**Non-IMO Exemptions, Equivalences or ADAs:**

A PDF version of the completed MSF1261 will be placed in the vessel file by Survey Operations. Survey Operations to return completed form and signed Certificate or letter to CA / RO / MCA Point of Contact.

**IMO notifiable Exemptions. Equivalences or ADAs:**

Survey Operations notify ILB and forward draft letter with signed MSF 1261.

Survey Operations notify CA / RO / MCA Point of Contact upon agreement and confirmation of GISIS upload from ILB.

A PDF version of the completed MSF1261 will be placed in the vessel file by Survey Operations. Survey Operations to return completed form and signed Certificate or letter to CA / RO/ MCA Point of Contact.

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| **PART D LOG OF ADDITIONAL INFORMATION REQUESTED/ SUPPLIED**Where additional information or clarifications are requested by HQ Survey, add the details in the boxes below: |
| **D1 Clarification Question from HQ Survey** |
| **Date:** Enter date. |
| **Question:**  |
| **Clarification Response to HQ Survey** |
| **Date:** Enter date. |
| **Response:**  |

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| **D2 Clarification Question from HQ Survey** |
| **Date:** Enter date. |
| **Question:**  |
|  **Clarification Response to HQ Survey** |
| **Date:** Enter date. |
| **Response:**  |

Add additional boxes for further requests for information, to form a complete record of communications.