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|  | | Application for Assessment of  Merchant Shipping and Fishing Vessel Crew Accommodation Exemption and Substantial Equivalence | | | MSF 1106  REV 0725 |
| Vessel Name\* |  | | | | |
|  | Merchant Ship\* | |  | Fishing Vessel\* | |

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| **PART A [TO BE COMPLETED BY OWNER / OPERATOR / MANAGING COMPANY IN CONJUNCTION WITH RECOGNISED ORGANISATION (RO) OR MCA SURVEYOR]** |

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| --- | --- | --- | --- |
| **SHIP IDENTIFICATION AND GENERAL DATA** | | | |
| **MCA File Reference\*** | CM | **MCA Work Order Reference** |  |
| **IMO No.** |  | **Official (RSS) Number or FV Number** |  |
| **Gross Tonnage\*** |  | **Registered Length\*** |  |
| **No. of Crew** |  | **No. of passengers\*** |  |
| **No. of Special\* Personnel** |  | **No. of Industrial Personnel\*** |  |
| **UK Class\*** | Please Select | **Keel laying date\*** | enter date |
| **Operating Area (Category of water / at sea)\*** | | Please Select | |
| **Port (or Country) of Intended Registry** | |  | |
| **Builder’s Name** |  | **Yard Number** |  |
| **Owner’s Name and Address\*** |  | | |

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| **NB. All items are to be listed in the order of the Regulations\***  [Add rows as required] | | | | |
| **Subject Area** | **Regulation** | **Desired Exemption** | **Grounds for Exemption/Equivalence and / or Surveyor’s Remarks** | **Surveyor’s Remarks** |
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| Union Consultation - Has this been undertaken and completed? (Ref. MGN 472) (If so, please provide evidence from the Union) \* | | | | |
| Consultation started |  | Consultation completed |  |

**GUIDANCE NOTES**

1. **Completion of Part A:** Send the completed form 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. Where no CSM or MCA point of contact is assigned, send the completed form to your Certifying Authority or Recognised Organisation responsible for the Certification which this application refers to.
2. Where you do not have an RO, CA or MCA CSM or point of contact for the appropriate Certificate, please complete Part A then send the application direct to [HQ\_maritimesecurity@mcga.gov.uk](mailto:HQ_maritimesecurity@mcga.gov.uk).
3. This form MSF 1106 is to be submitted along with completed application MSF 5100. Fees are to be paid using form [MSF5100](https://www.gov.uk/government/publications/application-for-survey-of-ships-and-fishing-vessels-msf-5100).

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| **PART B [TO BE COMPLETED BY MCA MO]** |

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| **MCA MO DECLARATION** | | | | | | |
| MCA MO Comment on application: | | | | | | |
| I confirm that:   1. I have reviewed the information contained within this application and all items marked (\*) are completed. 2. Where required I will re-issue/issue the associated certificate to indicate an exemption/equivalence, as appropriate; and notify the RO/CA upon MCA acceptance. | | | | | | |
| Completed By\* | Name |  | Position |  | |
| Marine Office\* | |  | | |  |

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| **PART C [TO BE COMPLETED BY TECHNICAL SERVICES (OPERATIONS)]** |

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| **TECHNICAL SERVICES (OPERATIONS) REVIEW** | | |
| **Decision: \*** Please Select | | **Type: \*** Please Select |
| **Date of final review and/or decision: \*** Enter date. | | |
|  | | |
|  | | |
| **Provisions or conditions to be applied: \*** | | |
|  | | |
| **Final review by:** | |  |
| **Name\*** | | **Date\*** |
|  | | Enter date. |
| **TSOPs Work Order Number** |  |
| **The associated Certificate** Please Select **be issued to reflect this approval request.** | | |