

**REGISTRATION OF SHIPS-CHECKLIST
NON-CONVENTION SHIPS : <500GT**

VesselName:	OfficialNo/IMO #
Type:	YearOfBuilt:
LOA (metre):	Age:

GT:	CALL SIGN:			Gen Comments
------------	-------------------	--	--	---------------------

Cover Letter	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Application of Registration Form R2 - (Prov &/or Full)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Qualified Persons	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
PNG Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Cert.of Incorporation-copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
IPA Cert-copy	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
IPA Report-Business Status/Financial-Registered Area of Operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Customs Clearance Invoice/report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Bill of Sale-Form R6-original	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Declaration of Ownership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Ships Particulars	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Carving Note	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Recent Photograph of vessel	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Registration Cert. from former FlagState	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Deletion Certificate (submitted only after vessel arrival in PNG)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Builders Certificate or Stat Dec or New Building Contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Safety Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Survey Report	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Min.Safe Manning-all ships	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Int'l LoadLine Cert.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Int'l Tonnage Cert.-v/s >100GT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Local Tonnage Cert.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Passenger Ship Safety Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Passenger Ship Safety Equipment Cert.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Ships Construction Safety Cert.-v/s >100GT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Ships Safety Equip.Cert.-v/s>100GT	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Radio Certificate	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
General Arrangement Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Stability Information-over 24m	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Thickness Gauging(applicable to any vessel >10m & >15ys)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Mortgage	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Maritime Liens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Possesory Liens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	
Statutory Liens	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>	

APPLICANT:	INVOICE No. & AMT:	K
	PAID	
DATE OF PAYMENT:		

GM:
TEL:
FAX:
EMAIL:
REMARKS: