

Date:

To: ClassIBS / email: vers@classibs.org

Application for Registration for Vessel Emergency Response Service (VERS)

We, the owner/on behalf of the owner, hereby request you to register the following vessel for VERS Service of ClassIBS:

Applicant (owner/on behalf of owner) : _____

Department / Person in charge : _____

Address : _____

Phone Number : _____ Fax Number : _____

Ship to be registered for VERS

Ship Name :	ClassIBS Number :
Flag :	Purpose of Ship :
Gross Tonnage :	
Owner :	
Address :	
Sister Ship Name (if already registered for VERS) :	
ClassIBS Number :	
Note :	

Following documents / drawings are enclosed : (Please enter "✓" in when enclosed)

<input type="checkbox"/> Lines and Offset Table; <input type="checkbox"/> General Arrangement & Capacity Plan; <input type="checkbox"/> Midship Section; <input type="checkbox"/> Construction Profile and deck plans; <input type="checkbox"/> Section drawings in cargo Tanks/Holds area; <input type="checkbox"/> Section drawings in E/R <input type="checkbox"/> Loading Manual <input type="checkbox"/> Stability Information <input type="checkbox"/> Damage Stability Booklet	<input type="checkbox"/> Shell expansion plan. <input type="checkbox"/> Hull Piping System (Cargo & Ballast) with Pump Capacity <input type="checkbox"/> FWD construction drawings; <input type="checkbox"/> AFT construction drawings. <input type="checkbox"/> Hydrostatic table (If not including in the Stability booklet) <input type="checkbox"/> Cross curves of stability (If not including in the Stability booklet)
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Billing Contact : Please complete the following only in cases where the billing contact and applicant are different
 Name / Address:

Signature : _____
 Title : _____