



# LISCR MARITIME AUDIT DEPARTMENT

## Audit & Inspection Application Form

e-mail: [audit@liscr.com](mailto:audit@liscr.com) Ph: +1 703 790 3434 22980 Indian Creek Dr., Dulles, VA 20166 USA

**IN ORDER TO START PROCESS THIS FORM MUST BE COMPLETED AND SENT TO:**  
**[audit@liscr.com](mailto:audit@liscr.com)**

DATE:

We kindly request you to carry out the following audit(s)/Inspection and issue applicable certificates:

<b>1. Audit / Inspection Type</b>	<input type="checkbox"/> ISM <input type="checkbox"/> ISPS <input type="checkbox"/> Harmonized ISPS/ISM <input type="checkbox"/> DOC (ISM Office) <input type="checkbox"/> MLC, 2006 <i>Vessel must hold full term company DOC in order to carry out initial/intermediate/renewal ISM audits</i>	<input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> Annual <input type="checkbox"/> Additional
<b>2. SSAS Verification</b>	<input type="checkbox"/> SSAS Verification <i>SSAS verification must be carried out in person</i> <u><b>FOR VERIFICATION OF A NEW OR SIGNIFICANTLY CHANGED INSTALLATION ONLY.</b></u>	
<b>3. Safety Inspection Type</b>	<input type="checkbox"/> Safety Initial (Must be done within 3 months after Registration) <input type="checkbox"/> Safety Annual/ASI (Required every 12 months from the date of the last Safety Annual) <input type="checkbox"/> Safety Special <input type="checkbox"/> Preemptive <input type="checkbox"/> Pre-Registration	
<b>4. Ship</b>	Name of vessel : <input type="text"/> IMO Number : <input type="text"/> <u><b>Attach a *CURRENT* copy of the Crew List with all Applications</b></u>	
<b>5. Company (Complete as appropriate)</b>	IMO Unique Company Number: <input type="text"/> E-Mail Address : <input type="text"/>	
<b>6. Location of Verification (Complete as appropriate)</b>	<p style="text-align: center;"><u><b>THIS PART MUST BE COMPLETED IN ORDER TO START SCHEDULING PROCESS</b></u></p> ETA: <input type="text"/> ETD : <input type="text"/> Date of Verification (Required): <input type="text"/> Port : <input type="text"/> Port Country: <input type="text"/> Local Agent name: <input type="text"/> Local Agent address: <input type="text"/> Telephone : <input type="text"/> Fax : <input type="text"/> E-mail : <input type="text"/> <u>Next Ports of Call:</u> 1. Port: <input type="text"/> ETA: <input type="text"/> ETD: <input type="text"/> 2. Port: <input type="text"/> ETA: <input type="text"/> ETD: <input type="text"/>	



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### Questionnaire

Please complete the **applicable** sections.

#### ISPS

Item	Question	Answer	Ref.	
1.	Was the approved SSP or a copy received and implemented on board the vessel?	Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Copy <input type="checkbox"/>		
2.	Is a Ship security alert system installed onboard? If not, what is the date it will be installed?	Yes <input type="checkbox"/> Date: <input type="text"/>	SOLAS	Chp. XI Reg. 6
3.	How long has the SSO been onboard?	Term: <input type="text"/>	Part A	19.4.2.7

Prior to the ISPS audit please make sure that the following are in good order:

- The SSP email confirmation of receipt or letter of approval must be on board for interim and initial audits, respectively.
- The SSO must hold a valid SSO training certificate
- All crew in accordance with the Safe Manning Certificate must be on board at the time of the audit

#### SSAS

1.	Is there confirmation from the Administration of a SSAS Test message on board?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
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#### ISM

1.	Was an internal audit carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When was the last? <input type="text"/>		
2.	Are there any outstanding Nonconformities	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? <input type="text"/> Include a copy of the Corrective Action Report.		
3.	Has the SMS been in operation for at least 3 months prior to the audit	Yes <input type="checkbox"/> No <input type="checkbox"/>		

#### MLC, 2006

1.	Is a DMLC-I and a DMLC-II review letter available on board?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.	Has the DMLC-II been implemented on board? <b><i>If yes, date and place of DMLC II needs to be reviewed and signed by auditor.</i></b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Long? <input type="text"/>		
		Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? <input type="text"/> Include a copy of the Corrective Action Report.		
3.	Are there any outstanding Deficiencies?	If Yes, How Many? <input type="text"/> Include a copy of the Corrective Action Report.		

Prior to an Interim MLC inspection, make sure that the email confirming receipt of the draft DMLC-II is available on board.

Questions related to MLC, 2006 should be sent to [MLC@liscr.com](mailto:MLC@liscr.com).

Name of person that filled in the questionnaire: <input type="text"/>
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