



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

APPLICATION FOR THE ISSUE OR CHANGE OF LRIT CONFORMANCE TEST REPORT

Name of ship: <i>(In case of change of name indicate ex name)</i>	
Distinctive number or letters <i>(Call Sign with St Vincent and The Grenadines Flag)</i> :	
IMO Number:	
Maritime Mobile Service Identity <i>(MMSI with St Vincent and The Grenadines Flag)</i> :	
Gross tonnage:	
Sea areas in which the ship is certified to operate:	
Application Service Provider conducting the test:	
Ship borne Equipment Maker:	
Ship borne Equipment Model:	
Ship borne Equipment Serial number:	
Ship borne Equipment Identifier: <i>(INMARSAT No associated with LRIT equipment with St Vincent and The Grenadines Flag)</i>	
Date of issue of St Vincent and The Grenadines provisional Certificate of Registry:	

IMPORTANT NOTE:

- **PLEASE ATTACH THE CONFORMANCE TEST REPORT TO THIS APPLICATION FORM IF THE LRIT TEST IS CONDUCTED BY FULCRUM , POLE STAR, TRANSAS OR CLS**
- **IF THE LRIT TEST IS NOT CONDUCTED BY ANY OF THE ABOVE-MENTIONED AUTHORIZED TESTING ASPs, PLEASE CONTACT ONE OF THEM URGENTLY IN ORDER TO START THE LRIT TESTING.**

Place and date:

Signature: