



MARINE DEPARTMENT
THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATION REGION

Notice of Engagement of Competent Surveyor for Survey / Plan Approval of Local Vessels
(as required under Merchant Shipping (Local Vessels) Ordinance, Cap 548)

To: Local Vessels Safety Section

Fax No.: (852) 2542 4679

PART A: (to be completed by Owner / Owner's Agent)

Approval in Principle No.: _____ Certificate of Ownership No.: _____

Vessel Name: _____ Vessel Class: I II III IV

Name of Authorized Surveyor (AS) / Authorized Organization (AO) /

Recognized Fishing Vessel Survey Organization (RFVSO) *: _____

Services to be performed: Plan Approval Initial Survey Periodical Survey Renewal Survey Annual Survey

For the issuance of: Certificate of Survey Freeboard Assignment Certificate / Hong Kong Load Line Certificate

HKAPP Certificate Survey Record of Safety Equipment

HKOPP Certificate Declaration of Fitness for the Carriage of Dangerous Goods

Survey location: Hong Kong, China Mainland China (Province / City): _____

Venue / Shipyard: _____ Expected survey commencement date: _____

I declare that:

- (a) I shall engage the AS/AO/RFVSO to carry out the services for the vessel, stated above;
- (b) I shall pass all relevant survey records, certificates and approved drawings (where applicable) to the above AS/AO/RFVSO;
- (c)* I agree and I need MD's assistance to release the relevant survey records of the vessel to the above AS/AO/RFVSO;
- (d) No unauthorized alteration and no change to the permanent ballast to the vessel has been made since last survey; and
- (e) In the event that MD audits the services provided by the AS/AO/RFVSO, I agree to the disclosure of any necessary audit related information to MD, including but not limited to vessel survey videos and photos.

Additional information (if any): _____

Signature of Owner / Owner's agent*: _____

Name (in block letter): _____ Date: _____

Tel. No.: _____ Fax. No.: _____

PART B: (to be completed by AS / AO / RFVSO)

I accept the engagement by the Owner / Owner's agent detailed in Part A.

Additional information (if any): _____

Signature of AS / AO Representative / RFVSO Representative*: _____

Name of AS / AO Representative / RFVSO Representative* (in block letter): _____

Name of AO / RFVSO*: _____ Date: _____

Tel. No.: _____ Fax. No.: _____

* Delete where not applicable

Remark: Owner / Owner's agent shall fax / email the completed form to the Marine Department.

Personal Data Collection Statement

The personal data provided by this application form will be used by Marine Department for vessel certification purposes, and may be disclosed to other departments/agencies for investigation/prosecution purposes. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), data subjects have a right to request access to and correction of their personal data provided in the application form. For access to or correction of personal data in the application form, please contact the Officer-in-charge, Local Vessels Safety Section of the Marine Department.