



REPUBLIC OF SEYCHELLES
Seychelles Maritime Safety Authority
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APPLICATION FOR EXEMPTION CERTIFICATE

Vessel Name: _____ Type of Vessel: _____

Call Sign: _____ Gross Tonnage: _____

IMO No: _____ Year Built: _____

	Name of Company responsible for
Name/Address/Tel & Fax of Operator paying (to be included at all times); Operators)	receiving original documents and For invoices (if different from

Equipment to be exempted (relevant regulation, i.e.; SOLAS, MODU, IOPP, etc, must be included);

Reasons for the exemption requested: _____

Regulation that confers authority for the exemption: _____

Validity of relevant full term statutory certificate (copy must be attached); _____

Name of Class Society/Recognized Organization responsible for the issuance of the relevant statutory certificate: _____

Special conditions (if any) _____

Exemptions for Fixed Fire Extinguishing Arrangement in cargo spaces (FFEA) must include a confirmation from the Recognized Organization issuing the Cargo Ship Safety Equipment Certificate. The confirmation must include the applicable regulation to be exempted, a statement of compliance with these regulations and a list of the cargoes intended to be carried onboard according to MSC/Circ. 1146 as amended