



## مصلحة الموانئ والنقل البحري

### Ports & Maritime Transport Authority of Libya

طلب تمديد موعد معاينة الجزء المغمور ، المعاينة الخاصة أو الشهادات القانونية

### Application For Extension Of Bottom Survey, Special Survey Or Statutory Certificates\*

#### NOTES:

- Kindly be advised that You will need the following information to fill in the form:
  - Ship's particulars & 2) Details of certificate concerned.
- Please complete the application form and submit it through the Ship's owner to Maritime Affairs Department, Ports & Maritime Transport Authority of Libya (email: [smepm@lma.ly](mailto:smepm@lma.ly)/ Tel./ Fax. : + 218 21 489 1356).
- Please enclose a copy of the relevant certificates or documents, which requires extension.
- Please submit the application at least 5 working days prior to the expiry of the certificate.
- Please note that processing time is normally within 3 working days.

#### SHIP'S PARTICULARS

1.	Name of Vessel:		2.	Ship Type:	
3.	Gross Tonnage:		4.	IMO Number:	
5.	Keel Laid Date:		6.	Classification Society:	

#### I) PROPOSED EXTENSION STATUS OF BOTTOM SURVEYS

- Dates of last two bottom surveys (to state in dry dock or in-water):
  - Date 1: ..... (in dry dock/ in-water\*)
  - Date 2 : ..... (in dry dock/ in-water\*)
- Next due date for docking / in-water\* survey:
- Duration since last docking / in-water\* survey:
- Requested extended date of docking /in-water\* survey:
- Safety Construction Certificate original issue date: ..... expiry date:.....
- Duration of requested extended date since last bottom survey:

#### II) PROPOSED EXTENSION OF DUE DATE FOR SPECIAL SURVEY

- Date of last special survey: ..... 14. Due date of special survey: .....
- Proposed extended due date: .....
- Reasons for extension and proposed conditions: .....

#### III) PROPOSED EXTENSION OF STATUTORY CERTIFICATES OR ISSUANCE OF SHORT TERM CERTIFICATES:

Type of Certificate	Date of Issue	Original Date of Expiry	Date of last Annual Survey	To be Extended or Issued till

- Proposed conditions for extension or issue of short-term certificate:

**PROPOSED CONDITIONS FOR ANY OF THE ABOVE:** (To be provided by the Classification Society)

#### 18.PARTICULARS OF APPLICANT

Name: Owner / Company / Agent\*:

Telephone No.:

Fax No.:

Email:

Date:

\* Delete as appropriate

