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# Barbados Maritime Ship Registry

**Maritime Labour Convention 2006**

**DMLC Part I Application Form**

**Instructions**

To apply for a MLC 2006 DMLC Part I, this form should be completed and signed by the ISM Designated Person Ashore (DPA) or for ships to which ISM does not apply, the Manager.

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The completed form should be emailed to [ops@barbadosmaritime.com](mailto:ops@barbadosmaritime.com)

A new DMLC Part I will be required if there are changes to the ship’s name, gross tonnage, equivalency or exemption after the DMLC Part I has been issued. A new DMLC will also be required if an exemption or equivalency is identified during the inspection for the Maritime Labour Certificate and the exemption or equivalency is not recorded on the DMLC Part I.

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| --- | --- |
| **Name of ship** |  |
| **Official no.** |  |
| **IMO no.** |  |
| **Gross tonnage** |  |
| **Ship Type** |  |
| **Name of Shipowner** (in accordance with MLC 2006 Article II 1(j) |  |
| **Has the Manager assumed and agreed to the shipowner’s duties and responsibilities under MLC 2006?** | **YES/NO/Not applicable\***  (delete as applicable) |
| **Is the vessel subject to any exemption from MLC 2006 Title 3 requirements or any other MLC 2006 requirements**? If Yes, please include full details on a separate document. |  |
| **Does the vessel have or is the owner applying for any substantial equivalency under Article VI paragraphs 3 or 4?** (If Yes, please include full details on a separate document) |  |
| **Are any exceptions from the MLC 2006 requirements included in Collective Bargaining Agreement?** If yes, please include full details on a separate document. |  |
| **What is the means of financial security for seafarer’s repatriation in accordance with Regulation 2.5 ?** | (please provide evidence of financial security) |
| **What is the means of financial security for seafarer’s sickness, injury or death in accordance with Regulation 4.2 ?** | (please provide a copy of financial security document) |
| **Reason for application: Initial or amended certificate** |  |

Stamp of the Shipowner/Manager: ………………………………………………………………………

Name: ...........................................................................................................................................

Signature: ....................................................................................................................................

Position in Company: ..................................................................................................................

Name and address of Company: ................................................................................................

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Date: .............................................