



Outer Continental Shelf Application for Inspection

Unit Name	Unit Type	Unit Official Number/Complex ID			
Block Location	Lat/Long <small>DEGREES, SECONDS</small>	Call Sign		Helo Radio Frequency	
Keel Laid/Install Date	Gross Tonnage	Max. POB	Number of Lifeboatmen	Dynamic Positioning	DP Class
				Yes	No
Operating status (as of date of request)		Other (specify)			

Unit Owner's Name and Address		Operator's Name and Address <small>(THIS IS THE OPERATOR, NOT WHO HAS CONTRACTED THE VESSEL)</small>			
Captain/OIM		Phone Number(s)		Email Address	
Flag State	Date of Last Flag Survey	Type of Last Flag Survey			
Class Society	Date of Last Class Survey	Type of Last Class Survey			
COC/COI Issue Date	COC/COI Expiry Date	Date of Last CG or Self Inspection (as applicable)			
Inspection Request Date	Type of Inspection (choose all that apply) <small>SEE FOOTNOTES FOR REQUIRED ATTACHMENTS</small>				
Date 1:	COC ¹ /COI Renewal ²	<input type="checkbox"/>	ISIP ³	<input type="checkbox"/>	CG-835 <input type="checkbox"/>
Date 2:	COC/COI Annual/Periodic	<input type="checkbox"/>	Installation/Repair/ Verification ⁴	<input type="checkbox"/>	Initial Platform Insp. <input type="checkbox"/>
Date 3:	Other (specify)	<input type="checkbox"/>			
Foreign Flagged Vessels Only:	Type of Exam Requested:				

Third Party Servicing (Service Provider/Date of Last Servicing)					
Lifesaving		Firefighting		Cranes	

Additional Notes/Comments

1. Current COC, MODU Safety Certificate, CSR, Flag and Class Certificates 2. Current COI 3. ISIP Plan, Indicated Class or Third Party Oversight, provide svc. Provider contact info. 4. All relevant plans, approval letters, system/product spec sheets, procedures, etc.

COAST GUARD USE ONLY:	Date of Inspection:	Lead Inspector:	Activity #:
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