



MARITIME MANAGEMENT

### REQUEST FOR SURVEY

Please complete this form and send either electronically to [survey@bmml.ie](mailto:survey@bmml.ie), by fax to +353 1 2557454 or by post to **Maritime Management**, The Watson & Johnson Centre, Church Road, Greystones, Co.Wicklow, Ireland

#### SURVEY REQUESTED BY:

Name:	_____	Company	_____
Address	_____	Telephone	_____
	_____	Mobile	_____
	_____	Email	_____
Post Code	_____	Website	_____
Country	_____	Fax	_____

#### PARTICULARS OF SURVEY

Ship Name	_____	Type	_____
Official No.	_____	Size	_____
IMO No.	_____	Year of Build	_____
Fishing Vessel No.	_____	Yard	_____
Survey Date and Time	_____	Telephone onboard	_____
Survey Location	_____	Class	_____
Nature of Survey	_____	Length, Breadth, Depth	_____

DESCRIPTION OF SURVEY REQUIRED:

#### SURVEY REQUEST

I request the survey / inspection described above and attach / will send separately prepayment of \_\_\_\_\_

I am aware that the ship should be prepared ready for survey and appropriate safety precautions taken for all areas to be surveyed, including provision of safe means of access for boarding.

Name	_____	Position	_____
Signature	_____	Date	_____
	_____		_____

#### Notes

- When you have completed this form, please send it to Maritime Management with the appropriate deposit / fee. You can get information on the level of fees by contacting Maritime Management. Additional charges may be levied for overtime, surveys abroad, waiting time and abortive time.
- You can make payment by cheque or postal order made payable to "Maritime Management". Cheques must be from an Irish bank. Credit transfers can be accepted by prior arrangement. Credit card payments are not accepted.
- Any refunds or requests for additional fees will be made to the applicant, in whose name the account will be held.
- Maritime Management terms and conditions for survey are available on request and on the website at [www.bmml.ie](http://www.bmml.ie).
- Work will not start until this form has been completed, signed and the deposit / fee received.

#### FOR OFFICIAL USE ONLY

Quotation	€ _____	Date	_____	By	_____
Additional cost	€ _____	Date	_____	By	_____
Total Fee	€ _____	Date	_____	By	_____
Deposit received	€ _____	Date	_____	By	_____
Balance received	€ _____	Date	_____	By	_____
Survey Executed	Location _____	Date	_____	By	_____
Report Send	No _____	Date	_____	By	_____
Feedback					