



To: SIGCo, Bermuda
Fax: 441-298-0610
From:
Fax:
Pages:

In order for SIGCo to process a CG5585 application (including renewals) on behalf of the operator, we must receive a completed copy of this form together with a Letter of Authority from the operator.

COFR request is (mark as appropriate): NEW: ADDITION: RENEWAL:

- A NEW application is required where no COFR certificate has been issued in the applicant/operator name
- A RENEWAL is required where a COFR certificate exists in the applicant/operator name, but is due to expire
- An ADDITION to an operator is required where that applicant/operator is registered with the USCG through a previous CG5585 application, but where the vessel in question requires a COFR certificate in that name.

Please provide the following information, if applicable:

Existing USCG COFR Control Number: _____ Expiry date of existing COFR: _____

The following information is required for all applications.

Vessel name (and its previous one, if known) _____ GT: _____

Vessel Type: _____ Year Built: _____ Flag: _____ IMO Number: _____

Hull Type for Tankers: (circle/highlight as appropriate) DOUBLE HULL / NOT DOUBLE HULL

Operator details: Name of operator: _____

Applicant address: _____

Phone: _____ Fax: _____ Email: _____

Operator's Place of incorporation: _____ Date of Incorporation (D/M/Y) _____

Type of Company (Limited Liability/Partnership etc.): _____

Pollution deductible if above US\$50,000.00 _____

Owner details: Name of owner: _____

Owner address: _____

Phone: _____ Fax: _____ Email: _____

Owner's Place of Incorporation: _____ Date of Incorporation (D/M/Y): _____

Type of Company (Limited Liability/Partnership etc.): _____