



PANAMA MARITIME AUTHORITY

Technical Office – Segumar Panama

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APPLICATION FOR CONDITION ASSESSMENT SCHEME (CAS)

Under Resolution MEPC 94 (46) as amended

(**Incomplete applications will be declined**)

Vessel Name:		Type of Vessel:	
Call Letters:		Deadweight:	
IMO No :		Delivery date:	
Cargo Properties: (If applicable)			

Name/Address/Tel & Fax of Operator responsible
for (To be included at all times)

Name of Company responsible for
receiving original documents and
Paying for invoices (if different from
Operators):

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1. Validity of IOPP full term statutory certificate and Form B
(copy must be attached):

2. Safety Construction Certificate (SAFCON), (copy must
be attached):

3. Last dry docking date:

4. CAS programmed date:
