

# APPLICATION for CONSULTANCY SERVICE



Marine Services  
Form 44  
Issue 5

<b>Seafish Project Code</b>	
-----------------------------	--

Please complete all relevant sections and return to the address at the bottom of the application form. Upon receipt, Seafish will consider the application and, where appropriate, issue a formal letter of offer.

**I would like to apply for the following service:** (please mark 'X' in the relevant box)

- |   |                          |  |
|---|--------------------------|--|
| Yard Inspection   | <input type="checkbox"/> | <i>The consultancy services listed (other than the 'Measurement of fish hold(s)') are only provided for vessels up to 24m registered length (or load line length, depending on type of vessel).</i><br><br><i>* Copy of Seafish Certificate required as proof of certification.</i><br><br><i>** This service is provided for those seeking a survey report, not construction certification.</i> |
| Condition survey of fishing vessel                            | <input type="checkbox"/> |  |
| Comparison survey for a previously Seafish certified vessel * | <input type="checkbox"/> |  |
| Measurement and tonnage calculation of fishing vessel         | <input type="checkbox"/> |  |
| Measurement of fish hold(s)                                   | <input type="checkbox"/> |  |
| Survey of fishing vessel modification                         | <input type="checkbox"/> |  |
| Survey of new vessel structure to supplied drawings **        | <input type="checkbox"/> |  |
| Consultancy service for purchase of new vessel                | <input type="checkbox"/> |  |
| Drawing approval to Seafish Construction Standards            | <input type="checkbox"/> |  |

Further details / Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of Applicant \_\_\_\_\_  
 Applicant's Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

**Particulars of Vessel (if applicable)**

Name of Vessel	_____	Tonnage	_____
Length Overall (metres)	_____	Construction Material	_____
Length Registered (metres)	_____	Type of Vessel	_____
Breadth (metres)	_____	Location of Vessel	_____
Depth (metres)	_____		

Owner's Name \_\_\_\_\_  
 Owner's Address \_\_\_\_\_  
 Telephone No. \_\_\_\_\_ E-mail \_\_\_\_\_

Seafish Marine Survey is always looking to improve services delivered by means of customer feedback, if you **do not** wish to be provided with a 'Customer Feedback Questionnaire' upon completion of contract then please place an 'X' in the box.

**\*Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Applicant's signature is required in order for the application to be processed. Applicants must be at least 18 years of age or older.**

- \* By signing this document the applicant is declaring the following:**
- That all details provided herein are correct, and that consent has been obtained from any individuals who are detailed above in addition to the applicant.
  - That Seafish has consent to use the personal details stated herein for the purposes of the service requested above.