**GUIDELINES TO APPLICANTS**

I. INFORMATION TO BE PROVIDED

1. Provide the following information:

 a. Name of the Company

 b. Place of Incorporation

 c. Directors

 d. Secretary

 e. Authorized share capital

 f. Issued Share capital

 g. Shareholders names and addresses and ultimate beneficial owners (if different).

 2. Provide details of:

 a. Directors, managers, and employees (including for Directors and key personnel, career resume.

 b. Name and Contact details of the person that will be in charge of all activities with OMCS. (If representation granted at more than one location, a specific name and number for each office must be submitted)

 c. Name of Ports (Port and Country) where the company has physical representation by the presence of surveyors that is requesting appointment.

 d. Provide a Copy of Quality Management System Certificate (ISO 9001) or proof of having in place an equivalent Quality Management System.

 e. Provide details of the premises from where the services will be provided.

 f. Provide details of corporate affiliations and group associations.

 g. Provide details of any maritime regulatory organizations or similar bodies of which you are a member.

 h. Provide details of your professional advisors, including your auditors.

 i. Provide a certified copy of the Memorandum and Articles of Association or equivalent constitutional documents.

 j. Provide a certified copy of the Certificate of Incorporation or equivalent.

II. RESOURCES TO BE COMMITED

1. Please provide two references including from bank institutions and one from a client or another company with which you have commercial activities.
2. Please provide details of all relevant experience in relation to the operation of a statutory and class surveys, ship repairs, shipping register or other similar operation.
3. Provide details of all other appointments from any maritime related company.
4. If you currently hold any other appointment concerning other Recognized Organization, would your appointment to OMCS create any conflict of interest?
5. How many ships, type, size have you surveyed and what type of surveys have your company performed?
6. Will the office be fully computerized?

III. EXPECTED PERFORMANCE LEVELS:

1. Please indicate your estimate of the number of ships you expect to survey/certify per annum. Give an indication of tonnage and country of origin.
2. Please provide details of a one-year business plan.
3. Please provide details of proposed promotional activities.
4. Please provide any other material information you consider relevant to the assessment of your expertise, experience and record.

IV. APPROVAL

1. Approval is subject to review of the above documentation by the General Manager of OMCS CLASS.
2. Upon approval of the application, OMCS CLASS HO will send a draft of the contract to the representative for his review.
3. After the agreement and signature of both parties on the representative contract, a certificate of appointment will be issue to the representative.