



BARBADOS

The Official Gazette Part A

28th October, 2024

Statutory Instrument

S.I. 2024 No. 65

Shipping (Domestic Vessels) Act, 2024

(Act 2024–22)

SHIPPING (DOMESTIC VESSELS) (FORMS) REGULATIONS, 2024

The Minister, in exercise of the powers conferred on him by section 305(1) (w) of the *Shipping (Domestic Vessels) Act, 2024*, makes the following Regulations:

1. These Regulations may be cited as the *Shipping (Domestic Vessels) (Forms) Regulations, 2024*.
2. The forms set out in the *Schedule* shall be used for the purposes to which they relate.

SCHEDULE*(Regulation 2)*

Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF REGISTRATION

Application Number: _____

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address	Phone Number	Email Address
Mailing Address (If different from Address)		
Details of authorised representative (Name, Address, Contact Information)		

Schedule - (Cont'd)

PARTICULARS OF VESSEL				
Official Number	Name of Ship	Number, Year and Port of Registry		Number, Year and Port of previous Registry (if any)
Whether Barbadian or Foreign Built		Where built	When built	Name and Address of Builder(s)
Number of Decks.....				
Number of Masts.....				
Rigged.....				
Stem.....				
Stern.....				
Build.....				
Framework and description of vessel.....				
.....				
Number of Bulkheads.....				

*Schedule - (Cont'd)***PARTICULARS OF VESSEL**

Propulsion (select one) ☐ Self-propelled ☐ Sail ☐ Auxiliary ☐ Electronic ☐ Other (specify)				
Length (metres)	Breadth (metres)	Depth (metres)	Gross tonnage	Net tonnage
Type of vessel				
Type of construction (moulded, carvel/flush, etc.)				
Hull construction materials (wood, steel, aluminum, fiberglass, other)				
Number and description of engine(s)				
Brake power (kW)		Estimated speed (knots)		
Particulars of previous registration (if applicable)				
Intended port of registry				

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ Certificate of Seaworthiness
- ☐ Evidence of valid insurance policy or equivalent form of security
- ☐ Carving and marking note
- ☐ Appointment of authorized representative (if applicable)
- ☐ Letter of Agreement for Vessel Registration, where there are multiple vessel owners
- ☐ Document of Title (i.e. Bill of Sale)
- ☐ Builder's Certificate (if available)
- ☐ Manufacturer's Certificate (for ACV only)
- ☐ Evidence that previous registration is closed (if applicable)
- ☐ Receipt of payment of appropriate fee(s)

Submitted by:

Full Name (Print): _____
Name

Signature of Applicant: _____
Signature of applicant

Date of Application: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

_____ *Name of Officer* _____ *Signature* _____ *Day/Month/Year*

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

PROVISIONAL REGISTRATION

Application Number: _____

Please tick the appropriate box

☐ Provisional Registration ☐ Provisional Registration of a Vessel under Construction

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address	Phone Number	Email Address
Mailing Address (If different from Address)		
Details of authorised representative (Name, Address, Contact Information)		

Schedule - (Cont'd)

PARTICULARS OF VESSEL				
Official Number	Name of Ship	Number, Year and Port of Registry		Number, Year and Port of previous Registry (if any)
Whether Barbadian or Foreign Built		Where built	When built	Name and Address of Builder(s)
Number of Decks.....				
Number of Masts.....				
Rigged.....				
Stem.....				
Stern.....				
Build.....				
Framework and description of vessel.....				
.....				
Number of Bulkheads.....				

Schedule - (Cont'd)

PARTICULARS OF VESSEL

Propulsion (select one) ☐ Self-propelled ☐ Sail ☐ Auxiliary ☐ Electronic ☐ Other (specify)				
Length (metres)	Breadth (metres)	Depth (metres)	Gross tonnage	Net tonnage
Type of vessel				
Type of construction (moulded, carvel/flush, etc.)				
Hull construction materials (wood, steel, aluminum, fiberglass, other)				
Number and description of engine(s)				
Brake power (kW)		Estimated speed (knots)		
Particulars of previous registration (if applicable)				
Intended port of registry				

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ Certificate of Seaworthiness
- ☐ Evidence of valid insurance policy or equivalent form of security
- ☐ Carving and marking note
- ☐ Appointment of authorized representative (if applicable)
- ☐ Letter of Agreement for Vessel Registration, where there are multiple vessel owners
- ☐ Document of Title (i.e. Bill of Sale)
- ☐ Builder's Certificate (if available)
- ☐ Manufacturer's Certificate (for ACV only)
- ☐ Evidence that previous registration is closed (if applicable)
- ☐ Receipt of payment of appropriate fee(s)

Submitted by:

Full Name (Print): _____
Name

Signature of Applicant: _____
Signature

Date of Application: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

_____ *Name of Officer* _____ *Signature* _____ *Day/Month/Year*

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**APPLICATION TO REACTIVATE VESSEL REGISTRATION
FROM LAID-UP STATUS**

Application Number:_____

Name of Applicant:_____

Vessel Owner/Agent

Address of Applicant:_____

Vessel Name:_____

Vessel Registration Number:_____

Lay-Up Period:_____

Lay-Up Location:_____

Schedule - (Cont'd)

I _____ hereby apply to reactivate the
Name of applicant
registration of the above described vessel.

I _____ hereby state that I am duly authorized
in writing by the vessel owner(s) of the vessel. A copy of written authorization from the vessel
owner authorizing me to make this application on his behalf is attached hereto.

Submitted by:

Full Name (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

Name of Officer *Signature* *Day/Month/Year*

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

MEDICAL CERTIFICATE OF FITNESS

I _____ have examined _____
Name of medical practitioner *Name and address of patient*

aged _____ and certify that, he/she is free from deafness, defective vision (including colour vision) or any other infirmity, mental or physical, likely to interfere with his/her ability to operate a vessel and found him/her possessing good health.

This certificate is being given to him/her for the purpose of certifying that he/she is medically fit to operate a vessel.

Name of Medical Practitioner: _____
Name

Signature of Medical Practitioner: _____
Signature

Dated: _____
Day/Month/Year

Seal/Stamp of Medical Practitioner

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF SEAWORTHINESS

Vessel Registration No.: _____

Vessel Name: _____

Vessel Type: _____

Port of Registry: _____

Particulars of vessel:

Length (metres) ____ Breadth (metres) ____ Depth (metres) ____ Gross tonnage ____ Net tonnage ____

Vessel Owner(s): _____

Carrying capacity of vessel: _____

Schedule - (Cont'd)

I _____ have conducted a vessel survey of the vessel, the
Name of Approved Marine Surveyor
particulars of which are printed herein and certify that the vessel is seaworthy and has met the
safety and environmental standards that are required under this Act and its statutory instruments.
A copy of the vessel survey report is attached hereto.

This certificate is valid for 5 years from the date it was issued _____.
Day/Month/Year

Name of Approved Marine Surveyor: _____
Name

Signature of Approved Marine Surveyor: _____
Signature

Dated: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

ENDORSEMENT OF CERTIFICATE OF SEAWORTHINESS

PARTICULARS OF SURVEYOR

--

PARTICULARS OF VESSEL OWNER

--

PARTICULARS OF VESSEL

--

PARTICULARS OF VESSEL INSPECTION

--

Signature/Official Stamp of Director of Ocean Affairs

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

BOAT MANUFACTURER'S CERTIFICATE OF ORIGIN

I _____ confirm the following information
Name of Boat Manufacturer
in relation to the vessel:

(a) name and make of vessel: _____

(b) model number of vessel: _____

(c) place of construction: _____

(d) type of vessel: _____

(e) type of construction: _____

(f) particulars on vessel's length, beam and draught: _____

(g) hull identification number: _____

(h) hull construction materials (wood, steel, aluminum, fiberglass, other): _____

Schedule - (Cont'd)

I hereby certify that the facts recited herein are true and accurate and that I have personal knowledge of these facts because I:

- ☐ personally performed the construction on the vessel; or
- ☐ supervised the construction of the vessel.

Signature/Stamp of Boat Manufacturer

Date: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF REGISTRATION

Vessel Registration Number: _____

Name of Vessel: _____

Type of Vessel: _____

Year and Port of Registry: _____

Previous Port of Registry (if applicable): _____

Name of Builder(s): _____

Place Built: _____

Year Built: _____

Schedule - (Cont'd)

Gross tonnage: _____ Net tonnage: _____

Number of Decks: _____ Bulkheads: _____

Number of Masts: _____ Length: _____

Depth: _____ Breadth: _____

Hull construction materials: _____

Number of engines: _____ Engine(s) capacity: _____

Description of engines: _____

Carrying capacity: _____

Safety and communication equipment: _____

Date of expiry: _____
Day/Month/Year

This Certificate of Registration is hereby issued under the authority of the Government of Barbados in respect of the above-described vessel to the vessel owner.

Print vessel owner's name

*Director of Ocean Affairs (signature and stamp)*Date: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF PROVISIONAL REGISTRATION

Name of Vessel: _____

Type of Vessel: _____

Previous Port of Registry (if applicable): _____

Place Built: _____

When Built: _____

Gross tonnage: _____

Net tonnage: _____

Number of Decks: _____

Bulkheads: _____

Number of Masts: _____

Length: _____

Depth: _____

Breadth: _____

Hull construction materials: _____

Name of Builder(s): _____

Place built: _____

Year built: _____

Date of expiry: _____
Day/Month/Year

This Certificate of Provisional Registration is hereby issued under the authority of the Government of Barbados in respect of the above-described vessel.

Director of Ocean Affairs (signature and stamp)

Date: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF BAREBOAT CHARTER-IN REGISTRATION

Vessel Registration Number: _____

Name of Vessel: _____

Type of Vessel: _____

Year and Port of Registry: _____

Previous Port of Registry: _____

Name of Builder(s): _____

Place built: _____

Year built: _____

Schedule - (Cont'd)

Gross tonnage: _____ Net tonnage: _____
Number of Decks: _____ Bulkheads: _____
Number of Masts: _____ Length: _____
Depth: _____ Breadth: _____
Hull construction materials: _____
Number of engines: _____
Description of engines: _____
Carrying capacity (Number of passengers): _____ Number of crew: _____
Safety and communication equipment: _____
Extensions (if applicable): _____
Date of expiry: _____
Day/Month/Year

This Certificate of Bareboat Charter-in is hereby issued under the authority of the Government of Barbados in respect of the above-described vessel.

Director of Ocean Affairs (signature and stamp)

Date: _____
Day/Month/Year

Schedule - (Cont'd)

Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**CERTIFICATE OF PROVISIONAL REGISTRATION OF
A VESSEL UNDER CONSTRUCTION**

Vessel Registration Number: _____

PARTICULARS OF VESSEL

Propulsion (select one)

☐ Self-propelled ☐ Sail ☐ Auxiliary ☐ Electronic ☐ Other (specify)

Length (metres)

Breadth (metres)

Depth (metres)

Gross tonnage

Net tonnage

NAME AND ADDRESS OF BUILDER

Name of builder: _____

Address of builder: _____

Place Built: _____

Year Built: _____

Estimated Tonnage: _____

Schedule - (Cont'd)

TYPE OF CONSTRUCTION

Construction type

☐ Carvel/Flush

☐ Clinker

☐ Diagonal

☐ Molded

☐ Riveted

☐ Welded

☐ Other (if other, please describe below):

This Certificate of Provisional Registration of a Vessel Under Construction is hereby issued in respect of the above-described vessel to the vessel owner _____
(Print owner's name)

Expiry date: _____
Day/Month/Year

Director of Ocean Affairs (signature and stamp)

Date: _____
Date/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**APPLICATION TO REGISTER DOMESTIC VESSEL
AS A VESSEL IN LAID-UP STATUS**

Application Number: _____

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address	Phone Number	Email Address
Mailing Address (if different from Address)		

Name of Vessel Owner: _____

Address of Vessel Owner: _____

Name of Agent of Vessel Owner: _____

Address of Agent of Vessel Owner: _____

Vessel Name: _____

Vessel Registration Number: _____

Lay-Up Period: _____

Lay-Up Location: _____

Schedule - (Cont'd)

I _____ hereby apply to register the above
Name of applicant
described vessel for registration as a vessel in laid-up status.

I _____ hereby state that I am duly authorized
where applicant is an agent
in writing by the vessel owner(s) of the vessel. A copy of the written authorization from
the vessel owner authorizing me to make this application on his behalf is attached hereto.

I agree that the vessel will not be moved from the lay-up location or used for any purpose
whatsoever while the vessel is registered as a vessel in laid-up status.

I understand and agree that failure to comply with any conditions may result in the automatic
suspension of the vessel's certificate of registration and cancellation from the Register of
Domestic Vessels.

Submitted by:

Full Name of Applicant (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application:	☐ Approved	☐ Not Approved
Comments: _____		

_____	_____	_____
<i>Name of Officer</i>	<i>Signature</i>	<i>Day/Month/Year</i>

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**CERTIFICATE OF REGISTRATION FOR
VESSEL IN LAID-UP STATUS**

Vessel Registration Number: _____

Name of Vessel: _____

Type of Vessel: _____

Year and Port of Registry: _____

Previous Port of Registry: _____

Lay-Up Period: _____

Lay-Up Location: _____

Name of Builder(s): _____

Place built: _____

Year built: _____

Schedule - (Cont'd)

Gross tonnage: _____ Net tonnage: _____

Number of Decks: _____ Bulkheads: _____

Number of Masts: _____ Length: _____

Depth: _____ Breadth: _____

Hull construction materials: _____

Number of engines: _____

Description of engines: _____

Date and details of last vessel survey: _____

Carrying capacity (Number of passengers): _____

Safety and communication equipment: _____

This Certificate of Registration for Vessel in Laid-up Status is hereby issued under the authority of the Government of Barbados in respect of the above-described vessel.

*Director of Ocean Affairs (signature and stamp)*Date: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

MARINE FACILITY CERTIFICATE

Name of marine facility: _____

Location of marine facility: _____

Type of marine facility: _____

Types of activities engaged in by marine facility: _____

I _____ *Approved Marine Surveyor* have conducted a marine facility survey of the marine facility, the particulars of which are printed herein and certify that the marine facility has met the safety and environmental standards that are required under this Act and its statutory instruments.

A copy of the marine facility survey report is attached hereto.

Schedule - (Cont'd)

This Certificate is valid until _____.
Day/Month/Year

Name of Approved Marine Surveyor: _____
Name

Signature of Approved Marine Surveyor: _____
Signature

Dated: _____
Day/Month/Year

Schedule - (Cont'd)

Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**APPLICATION FOR BARBADOS SMALL VESSEL OPERATORS' LICENCE/
BARBADOS SMALL VESSEL LEARNERS PERMIT/CERTIFICATE OF COMPETENCY**

Application Number: _____

Please tick the appropriate box

☐ New

☐ Renewal

☐ Barbados Small Vessel Operators' Licence ☐ Barbados Small Vessel Learners Permit
☐ Certificate of Competency

Category Licence

☐ C1

☐ C2

☐ C3

Category Permit

☐ P1

☐ P2

☐ P3

Category Certificate

☐ Grade 1

☐ Grade 2

☐ Grade 3

APPLICANT'S DETAILS

First Name	Middle Name(s)	Last Name
Address	Date of birth	Sex
Mailing Address (if different from Address)		
Phone Number	Email Address	

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ certificate of competency
- ☐ STCW Basic Safety Training Courses
- ☐ medical certificate of fitness
- ☐ any other document(s) specified

Submitted by:

Full Name of Applicant (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application:	☐ Approved	☐ Not Approved
Comments: _____		

_____	_____	_____
<i>Name of Officer</i>	<i>Signature</i>	<i>Day/Month/Year</i>

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

APPLICATION FOR BARBADOS SMALL COMMERCIAL VESSEL LICENCE

Application Number: _____

Please tick the appropriate box

☐

New

☐

Renewal

APPLICANT INFORMATION

First Name	Middle Name(s)	Last Name
Address		
Phone number	Email Address	
Mailing Address (if different from Address)		
Details of authorised representative (Name, Address, Contact Information)		

*Schedule - (Cont'd)***VESSEL OWNER INFORMATION**

First Name	Middle Name	Last Name
Address		
Date of birth	Phone number	Email Address
Mailing Address (if different than Address)		

This application is supported by the following documents:

- ☐ certificate of seaworthiness
- ☐ certificate of registration
- ☐ valid policy of insurance or equivalent security
- ☐ appointment of authorized representative
- ☐ any other document(s) specified

Submitted by:

Full Name of Applicant (print): _____
*Name*Signature of Applicant: _____
*Signature*Date Application signed: _____
*Day/Month/Year***FOR OFFICIAL USE ONLY**

Application:	☐ Approved	☐ Not Approved
Comments: _____		

_____	_____	_____
<i>Name of Officer</i>	<i>Signature</i>	<i>Day/Month/Year</i>

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

APPLICATION FOR INTENDED PLEASURE VESSEL PERMIT

Application Number: _____

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address		
Phone Number	Email Address	
Mailing Address (if different from Address)		
Details of authorised representative (Name, Address, Contact Information)		

*Schedule - (Cont'd)***PARTICULARS OF VESSEL OPERATOR**

First Name	Middle Name(s)	Last Name
Address		
Phone Number	Email Address	
Mailing Address (if different from Address)		

VESSEL OWNER INFORMATION

First Name	Middle Name(s)	Last Name
Address		
Phone Number	Email Address	
Mailing Address (if different from Address)		

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ certificate of seaworthiness
- ☐ certificate of registration
- ☐ valid policy of insurance or document evidencing an equivalent form of security
- ☐ appointment of authorized representative
- ☐ any other document(s) specified

Submitted by:

Full Name of Applicant (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

Name of Officer

Signature

Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

CERTIFICATE OF CLOSURE

Vessel Registration Number: _____

Name of Vessel: _____

Type of Vessel: _____

Year and Port of Registry: _____

This Certificate of Closure is hereby issued under the authority of the Government of Barbados in respect of the above-described vessel.

Director of Ocean Affairs (signature and stamp)

Date: _____
Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**APPLICATION FOR BAREBOAT CHARTER-IN REGISTRATION
OR BAREBOAT CHARTER-OUT REGISTRATION**

Application Number: _____

Please tick the appropriate box

☐

Bareboat charter-in registration

☐

Bareboat charter-out registration

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address		
Mailing Address (if different from Address)		
Phone number	Email address	

*Schedule - (Cont'd)***PARTICULARS OF VESSEL**

Propulsion (select one) ☐ Self-propelled ☐ Sail ☐ Auxiliary ☐ Electronic ☐ Other (specify)				
Length (metres)	Breadth (metres)	Depth (metres)	Gross tonnage	Net tonnage
Type of vessel				
Type of construction (moulded, carvel/flush, etc.)				
Hull construction materials (wood, steel, etc.)				
Number and description of engine(s)				
Brake power (kW)		Estimated speed (knots)		
Particulars of previous registration (if applicable)				
Intended port of registry				
Intended period of charter-in/charter-out				

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ a written undertaking by the vessel owner to surrender the certificate of registration to the Registrar within 14 days from entry into the foreign registry
- ☐ a written undertaking by the charterer that the Barbados flag shall not be flown during the period of bareboat charter registration
- ☐ a copy of the bareboat charter party agreement and any amendments or modifications to such agreement within 30 days of such amendments or modifications being effected
- ☐ appointment of authorized representative
- ☐ evidence that primary registration is suspended
- ☐ certificate of seaworthiness
- ☐ valid policy of insurance or document evidencing or equivalent form of security
- ☐ any other document(s) specified

Submitted by:

Full Name of Applicant (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

Name of Officer

Signature

Day/Month/Year

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

**APPLICATION APPROVAL TO IMPORT A VESSEL,
WATER-SPORTS CRAFT OR WATER-SPORTS DEVICE**

Application Number: _____

PART A - TO BE COMPLETED BY THE APPLICANT

- It is strongly recommended that you do not import a vessel, water-sports craft, water-sports device until you have received Approval from the Administration.
- Incomplete applications may result in the delay of the grant of approval.
- Any false or misleading information may result in the cancellation or refusal to grant approval to import a vessel, water-sports craft, water sports device.

Please tick the appropriate box

☐ Vessel

☐ Water Sports Craft

☐ Water Sports Device

*Schedule - (Cont'd)***APPLICANT'S DETAILS**

First Name	Middle Name(s)	Last Name
Address		
Mailing Address (if different from Address)		
Phone number	Email address	

DETAILS OF VESSEL, WATER-SPORTS CRAFT, WATER-SPORTS DEVICE

Number of vessel(s), water-sports craft(s), water-sports device(s) for which approval is being sought: _____
Type of vessel(s), water-sports craft(s), water-sports device(s) for which approval is being sought: _____
Type of operational use (personal or commercial use): _____
Make and Model: _____
Date of Manufacture: _____
Identification number of Vessel, Water-sports Craft, Water-sports Device (where applicable): _____
Engine power capacity of vessel(s), water-sports craft(s) or water-sports device(s): _____

Schedule - (Cont'd)

State the country or countries the vessel, water-sports craft, water-sports device or where first offered for sale or has been operated in:_____

Provide details as to the technological or operational capabilities of vessel(s), water-sports craft(s) or water-sports device(s):_____

Have you previously applied to import a vessel, water-sports craft or water-sports device?_____

If "yes", provide details as to type of vessel, water-sports craft or water-sports device:

Indicate whether you currently own or operate vessel(s), water-sports craft(s) or water-sports device(s) in Barbados. If "yes", indicate the number and type of vessel(s), water-sports craft(s) or water-sports device(s): _____

Provide the reason for seeking to import additional vessel(s), water-sports craft(s) or water-sports device(s):_____

Schedule - (Cont'd)

This application is supported by the following documents:

- ☐ a copy of the manufacturer's specifications of the vessel, water-sports craft or water-sports device, as the case may be
- ☐ a copy of the operational manual of the vessel, water-sports craft or water-sports device, as the case may be
- ☐ documentation related to the condition of the vessel, water-sports craft or water-sports device to imported
- ☐ any other document(s) specified

I certify that all statements herein made by me _____ are true and
Print full name
accurate and agree to the information being provided to other government agencies.

Submitted by:

Full Name of Applicant (print): _____
Name

Signature of Applicant: _____
Signature

Date Application signed: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

Name of Officer

Signature

Day/Month/Year

Schedule - (Cont'd)

PART B - TO BE COMPLETED BY THE ADMINISTRATION ONLY

The Administration has reviewed Application No. _____ and hereby grants approval for the import of vessel(s), water-sports craft(s) or water-sports device(s) described in PART A.

The approval may be subject to the following conditions:

The Administration has reviewed Application No. _____ and hereby cancels or refuses to grant approval for the import of the vessel(s), water-sports craft(s) or water-sports device(s) described in PART A. The Applicant may re-apply for import approval one year from the date of the original application.

Schedule - (Cont'd)



Shipping (Domestic Vessels) Act, 2024
(Act 2024-22)

APPLICATION FORM FOR CRUISE PERMIT

Application Number: _____

PARTICULARS OF APPLICANT

First Name	Middle Name(s)	Last Name
Address	Phone Number	Email Address
Mailing Address (If different from Address)		
Details of authorised representative (Name, Address, Contact Information)		

Schedule - (Cont'd)

PARTICULARS OF VESSEL				
Official Number	Name of Ship	Number, Year and Port of Registry		Number, Year and Port of previous Registry (if any)
Whether Barbadian or Foreign Built		Where built	When built	Name and Address of Builder(s)
Number of Decks.....				
Number of Masts.....				
Rigged.....				
Stem.....				
Stern.....				
Build.....				
Framework and description of vessel.....				
.....				
Number of Bulkheads.....				

*Schedule - (Cont'd)***PARTICULARS OF VESSEL**

Propulsion (select one) ☐ Self-propelled ☐ Sail ☐ Auxiliary ☐ Electronic ☐ Other (specify)				
Length (metres)	Breadth (metres)	Depth (metres)	Gross tonnage	Net tonnage
Type of vessel				
Type of construction (moulded, carvel/flush, etc.)				
Hull construction materials (wood, steel, aluminum, fiberglass, other)				
Number and description of engine(s)				
Brake power (kW)		Estimated speed (knots)		
Particulars of previous registration (if applicable)				
Intended port of registry				

Schedule - (Concl'd)

This application is supported by the following documents:

- ☐ Certificate of Seaworthiness
- ☐ Evidence of valid insurance policy or equivalent form of security
- ☐ Appointment of authorized representative (if applicable)
- ☐ Receipt of payment of appropriate fee(s)

Submitted by:

Full Name (Print): _____
Name

Signature of Applicant: _____
Signature of applicant

Date of Application: _____
Day/Month/Year

FOR OFFICIAL USE ONLY

Application: ☐ Approved ☐ Not Approved

Comments: _____

Name of Officer *Signature* *Day/Month/Year*

Made by the Minister this 21st day of October, 2024.

G. P. I. GOODING-EDGHILL
Minister responsible for Shipping