

Attachment 9

**Application of Vessel
Carrier Registering**

- ☐ New **Addition**
☐ **Alteration**
☐ **Termination**

of Operation of Liner Service

Page _ of _ page(s)

Date: _____, 20__

Company Name					Permit No.			
Address					Tel			
Route Starting Point	Route Ending Point	Docking Ports along the Route	Passenger/ Freight Service	Service Schedule/ Period	Name of Service Vessel	Status of Vessel Self-owned/ Leased/ Chartered	Remarks	
Required Documents	New Addition & Alteration	<input type="checkbox"/> Business Operation Plans <input type="checkbox"/> Document in proof of vessel nationality <input type="checkbox"/> In case of a change in liner service operations, please attach the referenced list of changes to the route(see Attachment 10) <input type="checkbox"/> Plan to safeguard personal information files <input type="checkbox"/> Other						
		<input type="checkbox"/> Service Schedule <input type="checkbox"/> Freight Rate List <input type="checkbox"/> Sample(s) of bill of lading (B/L) or Passenger Ticket						
	Termination	Please briefly state the reason of termination:						
Other								
Notes to Applicant		I. Self-owned vessel refers to a vessel registered under the name of the owner. II. Application and the attachments annexed thereto one set each. III. Please affix both company and legal representative's seals at the blank space. IV. Please accompany the application with the supporting documents announced by the Shipping Administration.						
Applicant (sign/seal)								