



**MINISTRY OF WORKS AND TRANSPORT  
MARITIME SERVICES DIVISION**

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Application for Certificate of Authorization for a Company as a **Verified Method 2 Shipper** in compliance with Chapter VI Regulation 2, Safety of Life at Sea (SOLAS) as amended

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Director  
Maritime Services Division  
Clarence House  
127-129 Duke Street,  
Port of Spain.

Dear Sir,

I hereby apply for the issue of a Certificate of Authorization as a **Verified Method 2 Shipper** in accordance with The Shipping (Carriage of Cargoes) Regulations, 2016.

The following is submitted:

- Company's full name
- Company's registered address
- Certificate of Incorporation
- Names of the operator and position
- Weighing method to be used.
- Type of weighing equipment which is to be used as part of the documented procedure.
- Copy of certificates where processes are already audited as part of a Quality Management System.


Name of Company : .....

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Address : .....

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Telephone Contact : .....

Signature : ..... / Date .....