

U.S. Department of  
Homeland Security

United States  
Coast Guard



Commander  
U.S. Coast Guard  
Sector Miami

100 MacArthur Causeway  
Miami Beach, Fl. 33139  
Staff Symbol: PSC  
Phone: (305) 535-8725  
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To: Captain of the Port Miami (Port State Control)  
Subj: **REQUEST TO CONDUCT CARGO OPERATIONS WITH AN EXPIRED OR  
OVERDUE ANNUAL CERTIFICATE OF COMPLIANCE**  
Ref: (a) Marine Safety Manual, COMDTINST M16000.6, Vol II, Paragraph D.6.C.1.b

1. My vessel is due to arrive in the Port of Port Everglades with an expired or overdue Certificate of Compliance (COC). Under reference (a), I request permission to commence cargo operations. I understand that if the examination is more than 90-days passed due, then this request will be denied. All vessels requiring initial COC inspections will also be denied permission to conduct cargo operations. In addition, if this request is approved, I understand that the examination must be completed prior to departure, and the vessel must allow for ample time to conduct the exam. The vessel will also follow this request with an attached cargo-loading plan.

2. Vessel Details:

a) Name: \_\_\_\_\_ IMO Number: \_\_\_\_\_

b) Type of Vessel (circle) O/B/O Conventional Product Other \_\_\_\_\_

c) Current COC Expiration Date: \_\_\_\_\_

d) Highest % of Oxygen (by Vol) in cargo tanks: \_\_\_\_\_ Date of last test: \_\_\_\_\_

e) Highest % of LEL (by Vol) in non-cargo spaces: \_\_\_\_\_ Date of last test: \_\_\_\_\_

f) United States COFR ID# and expiration date: \_\_\_\_\_

g) Outstanding conditions of class? NO \_\_\_ YES \_\_\_ If yes, provide a copy of the condition(s)

h) Date on which user fees were paid: \_\_\_\_\_

i) Time and date which Coast Guard inspection is requested: \_\_\_\_\_

j) Name and number of 24 Hour Point of Contact: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Master's Signature: \_\_\_\_\_ Vessel's Seal

**FOR OFFICIAL COAST GUARD USE**

This request is **approved / denied**. The vessel is subject to the following restriction:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_