

U.S. Department of
Homeland Security

United States
Coast Guard



APPLICATION FOR TONNAGE MEASUREMENT OF U.S. NAVY/ U.S. COAST GUARD SHIPS

COMPLETE NAME OF SHIP: _____

BUILDER: _____

PLACE BUILT: _____

KEEL LAID DATE: _____ BUILDER HULL NUMBER: _____

BUILDER'S TRIAL DATE: _____ DELIVERY DATE (SCHED): _____

TECHNICAL POINT OF CONTACT (Individual knowledgeable about differences in ship configuration from previous ship of same class):

NAME: _____

CODE: _____ PHONE: _____

NAME OF APPLICANT: _____

CODE OF APPLICANT: _____ PHONE: _____

DATE OF APPLICATION: _____ CERTIFICATE NEED DATE: _____

NAME AND MAILING ADDRESS FOR CERTIFICATES:

RETURN APPLICATION TO:

Commanding Officer
U.S. Coast Guard Marine Safety Center
Attn: Mr. Peter Eareckson
400 7th Street, S.W.
Washington, DC 20590-0001

Ph (202) 366-6502 Fax (202) 366-3877