

INTERNATIONAL SEWAGE POLLUTION PREVENTION EQUIVALENCY CERTIFICATE

The United States Coast Guard has determined that compliance with
33 CFR Part 159
is equivalent to compliance with MARPOL 73/78 Annex IV (Revised)



Issued under the provisions of

33 CODE OF FEDERAL REGULATIONS PART 159
under the authority of the Government of

THE UNITED STATES OF AMERICA

By the UNITED STATES COAST GUARD

THIS IS TO CERTIFY:

1. That the below mentioned ship is equipped with a sewage treatment system in compliance with the applicable provisions of 33 CFR Part 159; and
2. That the survey showed that the equipment on board is in all respects satisfactory and that the vessel complies with the relevant provisions of the Code of Federal Regulations and is equivalent to compliance with MARPOL 73/78 Annex IV (Revised).

Particulars of ship:

Name of ship _____

Distinctive number or letters _____

Port of registry _____

Gross tonnage _____

Number of persons which the ship is certified to carry _____

IMO number _____

This Certificate is valid until _____

Issued at _____

Date of Issue

Officer in Charge, Marine Inspection, U. S. Coast Guard



An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to COMDT (G-MOC), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0041), Washington, DC 20503.

INTERNATIONAL SEWAGE POLLUTION PREVENTION EQUIVALENCY

ENDORSEMENT FOR ANNUAL AND INTERMEDIATE SURVEYS

THIS IS TO CERTIFY that a survey determined that the vessel equivalently complies with the relevant provisions of 33 CFR Part 159:

Annual Survey:

Signed: _____

Place: _____

Date: _____

Annual*/Intermediate Survey:

Signed: _____

Place: _____

Date: _____

Annual*/Intermediate Survey:

Signed: _____

Place: _____

Date: _____

Annual Survey:

Signed: _____

Place: _____

Date: _____

* Delete as Appropriate