

**Commonwealth of Dominica****Office of the Maritime Administrator**

- TO:** ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS, AND AUTHORIZED CLASSIFICATION SOCIETIES
- SUBJECT:** REPORT OF SHIP'S OFFICERS AND REPATRIATION (LIABILITY INSURANCE) COVERAGE, FORM CDVR-4010
- REFERENCE:** (a) Commonwealth of Dominica International Maritime Act 2000, Section 188  
(b) Commonwealth of Dominica International Maritime Regulations 2002, Regulation 30, 57 and 82
- PURPOSE:** This Circular and the attached form CDVR-4010 are provided to assist Shipowners, Operators, Agents and Masters in complying with requirements relating to the periodic submission of data on ship's officers and third party liability insurance coverage for shipowner's repatriation obligations.
- APPLICABILITY:** The Circular applies to all owners of the Commonwealth of Dominica flag vessels.

**REQUIREMENTS:**

- 1.0** Form CDVR-4010 facilitates compliance with the requirement for the submission of data on officers serving on board the Commonwealth of Dominica flag vessels in accordance with Regulation 57(c) relating to manning requirements for vessels registered under the Commonwealth of Dominica International Maritime Act 2000.
- 2.0** In addition, each owner of a Commonwealth of Dominica flag vessel is required to maintain at all times satisfactory third party liability insurance as described in Regulation 30 covering the owner's repatriation obligations under Section 188 of the International Maritime Act. Proof of such insurance shall be submitted to the Office of the Deputy Maritime Administrator annually by the 31<sup>st</sup> of July. A check-off section on form CDVR-4010 is provided to accommodate verification of such insurance being maintained in force.
- 3.0** The entire form, when completed, may be submitted to the Dominica Maritime Registry Incorporated. The attached copy of the form may be photocopied and used.

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Inquiries concerning the subject of this Circular should be directed to the Deputy Maritime Administrator  
Commonwealth of Dominica 32 Washington Street, Fairhaven, MA 02719 USA  
[registration@dominica-registry.com](mailto:registration@dominica-registry.com)

Form CDVR-4010 is attached as Annex 1 to this Circular

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Inquiries concerning the subject of this Circular should be directed to the Deputy Maritime Administrator  
Commonwealth of Dominica 32 Washington Street, Fairhaven, MA 02719 USA  
[registration@dominica-registry.com](mailto:registration@dominica-registry.com)

**REPORT OF SHIP'S OFFICERS AND REPATRIATION (LIABILITY INSURANCE) COVERAGE**

**INSTRUCTIONS**

This report must be submitted:

- (1) In full upon registration or re-registration of the vessel.
- (2) "Ship's Officers" Section six (6) months after each annual safety inspection.
- (3) "Third Party Liability & Repatriation" Section within 30 days of registration renewal date.

**If the vessel was laid-up for any period during the report year, enter on the face of the form the date and port of lay-up and the date the vessel resumed trading.**

**ATTENTION IS DIRECTED TO THE APPLICABLE MARITIME REGULATIONS**

**MAIL REPORT TO:** Office of the Deputy Maritime Administrator  
Commonwealth of Dominica Maritime Registry, Inc.  
32 Washington Street  
Fairhaven, Massachusetts 02719, USA

NAME OF VESSEL				
OFFICIAL NUMBER				
NAME, ADDRESS AND FAX OF OPERATING AGENT OR OWNER				

	REGISTRATION REPORT		REREGISTRATION REPORT	ANNUAL REPORT	DATE SUBMITTED
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**OFFICERS PRESENTLY SERVING ON BOARD**

**COMPLETE THIS SECTION FOR EACH OFFICER NOT HOLDING A DOMINICA'S CERTIFICATE**

POSITION	DATE EMPLOYED			NAME OF OFFICER	CERTIFICATE				FOREIGN CERTIFICATE --> AND -->			DATE OF APPLICATION FOR CERTIFICATE				IF POSITION NOT MANNED, SHOW DATE OF LAST OFFICER TERMINATION
	MO	DAY	YR		GRADE	NUMBER	ISSUED		COUNTRY OF ISSUE	GRADE	ISSUED	EQUIVALENT <OR> EXAMINATION				
							MO	YR				MO/YR	MO	YR	MO	
MASTER																
CHIEF MATE																
2ND MATE																
3RD MATE																
CHIEF ENGR																
1 <sup>st</sup> ASST.																
2 <sup>nd</sup> ASST.																
3 <sup>rd</sup> ASST.																
RADIO OPER																
GMDSS																

**THIRD PARTY LIABILITY & REPATRIATION INSURANCE**

<b>Verification</b> (Reg. 30 & Reg. 82)	Coverage in force? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name & Address of Insurer:	SUBMITTED BY: _____ DATE: _____
	TITLE OF PERSON FILING REPORT: _____

FOR OFFICIAL USE ONLY	DATE	INIT	
RECEIVED			COMPLETE / INCOMPLETE
MANNING			