

## REPUBLIC OF THE MARSHALL ISLANDS

## MARITIME ADMINISTRATOR

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Email: WRLC@register-iri.com

## Nairobi International Convention on the Removal of Wrecks, 2007 Non-State Party Vessel Application Form

Please complete this document and submit, along with electronic copies of the current, valid Certificate of Registry and the Blue Card issued by a member of the International Group of P&I Clubs certifying the existence of a valid policy of insurance in compliance with Article 12 of the Nairobi International Convention on the Removal of Wrecks, 2007, to <a href="https://www.register-iri.com">wRLC@register-iri.com</a>. Once the application has been accepted, an invoice and payment instructions will be emailed to you. Upon confirmation of payment, the Certificate of Insurance or Other Financial Security in Respect of Liability for the Removal of Wrecks (WRLC) will be forwarded via email to the email address provided in the email field under Requesting Entity. WRLC validity may be verified at <a href="https://www.register-iri.com">www.register-iri.com</a>.

Vessel Name	Port of Registry	Gross Tons	Distinctive Number or Letters	IMO Number	
Registered Owner					
Name of Registered Owner:					
Principal Place of Business Address Line 1:					
Principal Place of Business Address Line 2:					
City:	State/Province:				
Country:	Postal Code:				
Telephone:	Email:				
Insurer Details (as stated on Blue Card)					
Name of Insurer:					
Principal Place of Business Address Line 1:					
Principal Place of Business Address Line 2:					
City:	State/Province:	State/Province:			
Country:	Postal Code:				
Requesting Entity and email address for receipt of electr	onic WRLC	Check if same as Register	ed Owner 🗌		
Name of Entity Requesting WRLC:					
Principal Place of Business Address Line 1:					
Principal Place of Business Address Line 2:					
City:	State/Province:				
Country:	Postal Code:	Postal Code:			
Telephone:	Email:	Email:			
Payment Information (fee must be paid in advance of W.	RLC issuance) 1	Check if same as Request	ing Entity		
Name of Entity Making Payment:					
Billing Address Line 1:					
Billing Address Line 2:					
City:	State/Province:	State/Province:			
Country:	Postal Code:	Postal Code:			
Telephone:	Email:				
I,, rej ownership of the applicant vessel, nor their subsidiaries and/s Sudan, North Korea, and Iran, nor is an individual or entity or Union, United Nations, or United States. By submitting this information, knowledge, and belief. Date:	or affiliates, is a resident, nat n the List of Specially Design	ional, or citizen of any comp ated Nationals and Blocked	Persons or its equivalent, as publis	include Cuba, Syria, shed by the European	

<sup>&</sup>lt;sup>1</sup> To expedite receipt of the WRLC, it is recommended that payment of the invoice be made online at <a href="https://www.tcmi-inc.com/miPayments/index.cfm/Payment/maritime">https://www.tcmi-inc.com/miPayments/index.cfm/Payment/maritime</a>.