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**REQUERIMIENTO** FORMA DG-AUSE-BARC/15

DATOS DEL BARCO:

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| Nombre del barco | | | | |  | | | | | | | | | | Distintivo de llamada | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| MMSI | | |  | | | | | No. de Matrícula | | | | | | | |  | | | | | | | No. Registro de radiobaliza | | | | | | | | | | | | |  | | | | | |
| Número(s) de Inmarsat | | | | | | |  | | | | | | Administración | | | | | | | |  | | | | | | | Territorio ó Zona Geográfica. | | | | | | | |  | | | | | |
| Clasificación individual (ver cuadro anexo): Clave | | | | | | | | | | | | | | | | |  | | | | Tipo | | | | |  | | | | | Naturaleza del Servicio | | | | | | | |  | | |
| Nombre de la Estación Anterior | | | | | | | | | |  | | | | | | | | | | | | Distintivo Anterior | | | | | | | | | | | |  | | | | | | | |
| Cant. Botes Salvavidas | | | | | | |  | | | | Efectúa Viajes internacionales | | | | | | | | | | | | | | | | | | | | | SI | | |  | | NO | |  | | |
| Capacidad interna del barco en toneladas(100 pies cúbicos= 1 tonelada) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Peso neto (toneladas) | | | | | | | |  | | | |
| Capacidad de personas a bordo (pasajeros y tripulación) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Horario de Servicio | | | | | |  | | | Puerto de matrícula | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Propietario del Barco (titular de licencia) | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| R.F.C. | |  | | | | | | | | | | Tel: | | |  | | | | | | | | | | | | | | Fax | | | |  | | | | | | |
| Domicilio para notificar. | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Calle, Colonia, Código postal, Ciudad, Estado | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Persona autorizada para oír y recibir notificaciones | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Nombre de la persona encargada en tierra, de las llamadas de urgencia: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Teléfono | | | |  | | | | | | | | | | | | | | | Email: | | | | |  | | | | | | | | | | | | | | | |
| No. de teléfono de urgencia alternativo, accesible las 24 horas del día | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |

DATOS PARA SU OPERACIÓN:

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|  | Aparato | Tipo o descripción del equipo | Frecuencias |
|  | Transmisores |  |  |
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|  | Otros aparatos (opcional) |  |  |
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PRESENTAR FOTOCOPIA DE LOS DOCUMENTOS SIGUIENTES:

1. Última Licencia o Permiso (en su caso)
2. Acreditación del Representante Legal
3. R.F.C. (Propietario o Representante Legal)
4. Certificado de Matriculación de Puerto
5. Acta de Abanderamiento
6. Oficio de la Asignación del Distintivo de Llamada
7. Calca de la Matrícula del Barco
8. Copia del acta constitutiva
9. Escrito que contenga domicilio para notificaciones, además de personas designadas para oír y recibir notificaciones

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Nombre y Firma del Propietario o Representante Legal Lugar y Fecha