

	FEDERAL REPUBLIC OF SOMALIA SOMALIA SHIP REGISTER In accordance with Regulations Governing the Registration of Maritime Vessels, 2025	
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APPLICATION FOR EXTENSION OF THE FIXED FIRE-EXTINGUISHING SYSTEM INSPECTION

Somalia Ship Register · Form SEG-16 · Revision 00

This application shall be submitted to the Somalia Ship Register by the Owner, Manager or duly authorised representative of a vessel registered under the flag of the Federal Republic of Somalia, requesting an extension of the periodical inspection of the fixed fire-extinguishing system.

The following documents shall accompany this application:

1. Copy of the vessel's Certificate of Registry issued by the Somalia Ship Register.
2. Copy of the Cargo Ship Safety Equipment Certificate and Record of Equipment.
3. Copy of the last service certificate of the fixed fire-extinguishing system.

The Somalia Ship Register Ltd (SSRL), acting on behalf of the Ministry of Ports and Marine Transport of the Federal Republic of Somalia, assesses each request on its own merits. An extension is valid only when confirmed in writing by SSRL and shall not exceed the limits permitted by the applicable IMO instruments and SSRL circulars.

1. SHIP PARTICULARS	
Name of Ship	
Distinctive Number or Letters	
IMO Number	
Recognized Organization / Class Society	
Name of Registered Owner	
Name of Manager / Operating Company	

2. EQUIPMENT PARTICULARS	
	FIXED SYSTEM
Quantity	
Serial Number(s)	
Type	
Manufacturer	
Number of Cylinders	
Capacity per Cylinder	
Extinguishing Medium	
Last Date of Service / Test (dd/mm/yyyy)	
Due Date (dd/mm/yyyy)	
Period of Extension Requested	

3. REASON FOR THE REQUEST	
Reason / Justification	
Port and Country where the service will be carried out	
Estimated date of the outstanding service (dd/mm/yyyy)	

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4. DECLARATION AND SIGNATURE

I, the undersigned, declare that the information given in this application is true, complete and correct, that the equipment concerned is in a satisfactory operational condition, and that the vessel will be presented for the outstanding service, test or examination at the earliest opportunity and in any event before the expiry of the extension granted. I acknowledge that any false or misleading statement may result in the withdrawal of the extension and in the suspension of the relevant certificate.

Name of Applicant	
Company	
Address	
Telephone	
E-mail	
Signature & Company Stamp	
Date (dd/mm/yyyy)	