



Declaration of Security (DoS)

Name of ship: _____

Port of registry: _____

IMO Number: _____

Name of port facility: _____

This Declaration of Security is valid from.....until.....
for the following activities:

.....
(List the activities with relevant details)

under the following security levels

Security level(s) for the ship Level 1

Security level(s) for the port facility: Level 1

The port facility and ship agree to the following security measures and responsibilities to ensure compliance with the requirements of part A of the International Code for the Security of Ships and of Port Facilities.

The affixing of the initials of the SSO or PFSO under these columns indicates that the activity will be done, in accordance with the relevant approved plan, by

Activity	The port facility:	The ship:
Ensuring the performance of all security duties		
Monitoring restricted areas to ensure that only authorized personnel have access		
Controlling access to the port facility		
Controlling access to the ship		
Monitoring of the port facility, including berthing areas and areas surrounding the ship		
Monitoring of the ship, including berthing areas and areas surrounding the ship		
Handling of cargo		
Delivery of ship's stores		
Handling unaccompanied baggage		
Controlling the embarkation of persons and their effects		
Ensuring that security communication is readily available between the ship and port facility		

The signatories to this agreement certify that security measures and arrangements for both the port facility and the ship during the specified activities meet the provisions of chapter XI-2 and part A of the Code that will be implemented in accordance with the provisions already stipulated in their approved plan or the specific arrangements agreed to and set out in the attached annex.

Dated at.....on the.....

Signed for and on behalf of	
the port facility:	the ship:
Maung San Lwin / PSO	/ Master
<i>Signature of port facility security officer)</i>	<i>(Signature of master or ship security officer)</i>

Name and title of person who signed	
Name:	Name:
Maung San Lwin / PSO	/ Master
Title:	Title
PSO	Master

Contact details	
for the port facility	for the ship
Port facility	Master
VHF 16, 12	Name:
Mob. +47 41454992	Phone:
	Sat phone:
	E-mail:
PFSO	SSO:
+47 95764771	Name:
	Sat phone:
	Phone:
Ass. PFSO:	Company Name:
+47 7897 1760	Phone:
	Email:
	Company security officer CSO
	First Name:
	Last Name:
	Phone:
	Agent: