

# DECLARATION OF SECURITY



**To be returned to the vessel's agents for forwarding to the appropriate facility/terminal**

## Ship/Port Interface

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:**

**Security level(s) for the Port Facility:**

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:

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Activity	The affixing of the initials of the PFSO or the SSO under these columns indicates that the activity will be done, in accordance with the relevant approved plan, by	
	The Port Facility	The Ship
Ensuring the performance of all security duties	√	√
Monitoring restricted areas to ensure that only authorised 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 ships stores		√
Controlling the embarkation of persons and their effects		√
Ensuring that security communication is readily available between the ship and the Port Facility	√	√

The signatories to this agreement certify that security measures and arrangements for the Port Facility and ship required by part A of the ISPS Code, will be implemented in accordance with the provisions stipulated in their approved plan. Where other, specific arrangements have been agreed these are set out in the attached document.

Signed for and on behalf of	
The Port Facility:  <i>(Signature of PFSO)</i>	The Ship:  <i>(Signature of master or SSO)</i>
Name and title of person who signed	
Name:  Title: Port Facility Security Officer	Name:  Title:
Contact details <i>(to be completed as appropriate, indicate telephone numbers, radio channels or frequencies to be used)</i>	
Port Facility: VHF CH: 11 Tel: +44 1349 852308	Ship:
PFSO: As above	Master
Ship Supervisor:	Duty Officer
	SSO
	Company
	CSO