

Ref. No: _____



APPLICATION FORM

IMPORTANT: This form should be filled in by applicants applying for ISSPA membership. Your application will be assessed and, if provisionally accepted, we will contact you with the administrative steps necessary for your formal admission as a Member.

PARTICULARS OF COMPANY

Company Name: _____

Company Address: _____

Telephone: _____

Web page: _____

E-mail: _____

Fax: _____

Contact person(s): _____

State services offered: _____

Area of Service Coverage (State/Port): _____

Any other Association membership: _____

Please provide brief history of your company: _____

Number of Employees: _____

APPLICATION TYPE

The Company is applying for the status of:

- Full Member
- Associate Member

SUPPORTING INFORMATION

1. Are you a LSA or FFE service provider? Please provide details.
2. Are you ISO 9001 certified? Please provide details and a copy of your ISO 9001 certificate(s)
3. Do you have the Approval Certification for Lifeboats, Release and Retrieval Systems and Launching Appliances Servicing and Maintenance in accordance with Resolution 402(96) by two Contracting Governments? Please provide details and certificate(s)/supporting documents.
4. Do you have the Approval Certification for Lifeboats, Release and Retrieval Systems and Launching Appliances Servicing and Maintenance from two International Association of Classification Societies Ltd. Members? Please provide details and certificate(s)/supporting documents.
5. Do you have the Approval Certification for FFE services from two International Association of Classification Societies Ltd. Members? Please provide details and certificate(s)/supporting documents.
6. Please provide copies of any approvals received from LSA Manufacturers, if any.
7. Are you also an LSA manufacturer? If so, please describe how you provide equipment, instructions, specialized tools, spare parts, training and accessories, as required by independent service providers in a timely and cost effective manner.
8. Please give any other information in support of your application that you wish to be considered.

DECLARATION: I request that ISSPA provisionally accepts this application for membership. All the details given in this application are true and correct. I understand that provisional acceptance will not formally admit me as a Member and that prior to formal admission I must comply with the requirements of the provisional acceptance letter that I will receive from the Association.

Place: _____ Date: _____

NAME and POSITION

EVALUATION PROCESS

Applications received from prospective Members will be considered by the Board of Directors (“Board”). The Board shall provide existing Members with a reasonable opportunity to make representations about a prospective Member’s application by circulating notice of such application to existing Members by e-mail. Any representations in relation to an application must be transmitted to the Board by e-mail within 14 days’ of such circulation. Following expiry of this 14 day period the Board will decide whether or not to provisionally accept the relevant application and shall notify the existing Members of such decision.

Following provisional acceptance of a membership application, the Association shall communicate to the relevant prospective Member the administrative steps (including but not limited to the prospective Member confirming agreement to these bye-laws) that must be completed in order for membership to be activated. Once a Member is admitted, it is at all times during the course of its membership responsible for adhering to the Bye-Laws and maintaining the standards that enabled it to qualify for membership.

FEES

Annual subscription: will be determined by the Board of Directors year by year.

For year 2026 the annual subscription is 1,000 USD for full membership and 500 USD for associate membership

All applications received by ISSPA will remain private and confidential and its content will not be used for any purposes by any of the Members other than for approval evaluation process.