DoS Number

DECLARATION OF SECURITY BETWEEN A PORT FACILITY AND A SHIP

Name of Shi	p:		
Port of Registr	у:		
IMO Numbe	ər:		
Name of Port Facilit	y:		
This Declaration of Security is valid from until			
following activities (list the activities with relevant details)			
-			
under the following security levels			
Security level(s) for the shi	p:		
Security level(s) for the port facilit	y:		
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.			
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			

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Activity	The port facility:	The ship:
Controlling the embarkation of persons and their effects		
Ensuring that security communication is readily available between the ship and port facility		

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(The initials of the SSO or PFSO in these columns indicates whether the activity will be done, in accordance with the relevant approved plan, by the ship or 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 of SOLAS and Part A of the ISPS Code and will be implemented in accordance with the provisions already stipulated in their approved plan or the specific arrangements agreed to.

Dated aton the

Signed for and on behalf of		
the port facility:	the ship:	
(Signature of Port Facility Security Officer)	(Signature of Master or Ship Security Officer)	
Name and title of person who signed		
Name:	Name:	
Title:	Title:	
Contact Details (to be completed as appropriate, indicate telephone numbers, radio channels or frequencies to be used)		
for the port facility:	for the ship:	
Port Facility	Master	
Port Facility Security Officer	Ship Security Officer	
	Company	
	Company Security Officer	