

T/14914



INTERNATIONAL SHIP SECURITY CERTIFICATE

REPUBLIC OF LIBERIA

Certificate No. 20213

**Issued under the provisions of the
INTERNATIONAL CODE FOR THE SECURITY OF SHIPS AND PORT FACILITIES
(ISPS Code)**

**under the authority of the Government of
The Republic of Liberia**

by the Office of the Deputy Commissioner, Bureau of Maritime Affairs

Name of ship	SANTA BARBARA
Distinctive number or letters	ELOT3
Port of registry	MONROVIA, LIBERIA
Type of ship	CONTAINER
Gross Tonnage	43,213
IMO Number	9017032
Name and address of Company	ZODIAC MARITIME AGENCIES LTD. LYNTON HOUSE 7/12 TAVISTOCK SQUARE UNITED KINGDOM

THIS IS TO CERTIFY:

1. that the security system and any associated security equipment of the ship has been verified in accordance with section 19.1 of Part A of the ISPS Code;
2. that the verification showed that the security system and any associated security equipment of the ship is in all respects satisfactory and that the ship complies with the applicable requirements of Chapter XI-2 of the Convention and part A of the ISPS Code;
3. that the ship is provided with an approved ship security plan.

Date of initial verification on which this Certificate is based: **17 APRIL 2004**

This Certificate is valid until **16 APRIL 2009** subject to verifications in accordance with section 19.1.1 of part A of the ISPS Code.

Issued at: **TOKYO, JAPAN**

Date of Issue: **17 APRIL 2004**



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**DEPUTY COMMISSIONER OF
MARITIME AFFAIRS OF LIBERIA**



ENDORSEMENT FOR INTERMEDIATE VERIFICATION

THIS IS TO CERTIFY that at an intermediate verification required by section 19.1 of part A of the ISPS Code the ship was found to comply with the relevant provision of Chapter XI-2 of the Convention and part A of the ISPS Code.

INTERMEDIATE VERIFICATION Signed: _____
(to be completed between the second and third anniversary date) (Signature of authorized official)
Place: _____
Date: _____

ADDITIONAL VERIFICATION Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

ADDITIONAL VERIFICATION Signed: _____
(Signature of authorized official)
Place: _____
Date: _____

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(Signature of authorized official)
Place: _____
Date: _____