## U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-3752A Rev. (01-07)

## APPLICATION FOR INSPECTION OF U.S. VESSEL (NEW CONSTRUCTION)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 15 mins. You may submit any comments concerning the accuracy of this burden estimate or any suggestion reducing the burden to: Commandant (CG-3PCV), U.S. Coast Guard, Washington DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0002), Washington, DC 20503.			
TO: Officer in Charge, Marine Inspection			
The undersigned applies for inspection of the new vessel:			
(Name-if known) (Hull Number)			
Multi Service Requested? (Check one) Yes No			
Route: Intended Hailing Port:			
Inspected under the provisions of 46 CFR Subchapter(s) (D/I/K/L/T, etc.):			
At (Shipbuilder):			
Point of Contact at Builder's Yard:			
Address/Phone:			
Contract Date: Keel Laid Date:			
Est. Date Construction Begins: Est. Delivery Date:			
Length: Breadth: Depth:			
Estimated Tonnage: Regulatory Gross: Net:			
International Gross: Net:			
Hull Material:    Propulsion Type:			
No. of Engines: HP of Each: No. of Shafts:			
Propulsion Automation for Machinery Space (Check one) Yes No			
Vessel to be Classed (Check one) Yes No By (Class Society)			
If Yes, is inspection under the provisions of NVIC 10-82 requested? (Check one) Yes No (A complete list of NVIC's can be viewed at www.uscg.mil/hq/g-m/nvic/)			
International Certificates (SOLAS, MARPOL, etc.) requested (Check one) Yes No			

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Proposed Manning:			
		Requested Number of: Passengers	
Industrial/ Scientific	Offshore Workers	Persons in Addition to Crew	
Vessel Owner:			
Address:			
Point of Contact & Phone:			
SHIPYARD OR	DESIGN AGENT SUB	MITTING DRAWINGS FOR APPROVAL	
Name:			
Address:			
Point of Contact & Phone:			
New Hull Design Type (Che	ck one) Yes N	lo	
If Sistered, Parent Hull is _	(Name/Official #)	built at	
TYPES OF CARGO TO BE CARRIED			
<b>C</b>	•	escribe here or attach separate sheet that lists include all NLS Cargos and quantities as well.	
Chemical Cargos? (Circle or that lists each intended car		If yes, describe here or attach separate sheet	
Deck Cargo? (Circle one)	Yes No If ye	es, amount (in Long Tons)	
Person Submitting Applicat	ion:		
Т	itle:		
Signati	ure:		
		u may not possess the information to complete every section to better facilitate the inspection of your new vessel.	