



**DECLARATION OF INVOICING RESPONSIBILITY
(Billing Instructions for LISCR)**

**Date format: ddMMMyyyy (e.g. 10FEB2023) *Forward completed form to: Contacts@liscr.com or LISCR Regional office. Please complete and submit the document whenever there is a change of management or there is a need to update the vessel's billing information.*

| | | | | |
|---|---|-----------------|---------------------|--|
| A | Submission Date: | | Valid as of Date: | |
| B | Vessel Name <i>(add additional vessels on page 2)</i> | Official Number | Registered Owner(s) | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Please specify the exact **Company Name** and **Billing Address** to be billed for the following invoice types in boxes C & D below.

| | | | | |
|---|--|--------|--|--|
| C | Vessel Registration invoices <i>(if different than the Application for Vessel Registration)</i> | | | |
| | Phone: | Email: | | |
| D | Annual Tonnage Tax invoices <i>(if different than the Application for Vessel Registration)</i> | | | |
| | Phone: | Email: | | |
| | Comments: | | | |

Please specify the exact **Company Name** and **Billing Address** to be billed for the following invoice types in boxes F & G below. To provide specific billing instructions for specific services, please indicate the number of the Applicable Service(s).

| Applicable Services | | | |
|--------------------------------------|-------------------------|---|------------------|
| 1. Armed Guard Letter | 6. Dispensations | 10. Inventory of Hazardous Materials (IHM) | 14. Plans |
| 2. Audits and Inspections | 7. Equivalency | 11. Long Range Tracking and Identification (LRIT) | 15. Publications |
| 3. Block Fee Agreement (BFA) Annuals | 8. Exemptions | 12. Maritime Labor Convention (MLC) | 16. Radio |
| 4. Civil Liability | 9. Fuel Oil Consumption | 13. Minimal Safe Manning Certificate (MSMC) | 17. Mortgage |
| 5. Continuous Synopsis Record (CSR) | | | |

| | | | | |
|---|---|--------|--|--|
| F | Maritime/Technical invoices | | | |
| | Phone: | Email: | | |
| | Applicable Services: <i>(see above options)</i> | | | |
| G | Other specific invoices <i>(if needed)</i> | | | |
| | Phone: | Email: | | |
| | Applicable Services: <i>(see above options)</i> | | | |



**LIBERIAN
REGISTRY**



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** Additional Vessels may be added, if needed*

| H | Vessel Name | Official Number | Registered Owner(s) |
|----|-------------|-----------------|---------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| 13 | | | |
| 14 | | | |
| 15 | | | |
| 16 | | | |
| 17 | | | |
| 18 | | | |
| 19 | | | |
| 20 | | | |

THIS IS TO CERTIFY THAT this record is correct in all respects:

| Submitted by: | |
|---|--|
| Name of Company: | |
| Name of authorized person: <i>(Print)</i> | |
| Title of authorized person: | |
| Signature of authorized person: | |