

# SAFETY MANAGEMENT CERTIFICATE

No **LDR0/MMO/20250303113603**

Issued under the provisions of the  
INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974,  
as amended, under the authority of the Government of

**IRELAND**

By BUREAU VERITAS MARINE & OFFSHORE

| Name of Ship<br>BV No: <b>48797S</b> | Distinctive number or<br>letters | Port of Registry | Gross Tonnage | IMO Number     |
|--------------------------------------|----------------------------------|------------------|---------------|----------------|
| <b>ARKLOW ROVER</b>                  | <b>EIA2659</b>                   | <b>Arklow</b>    | <b>4145</b>   | <b>9923279</b> |

| Name of Company<br>(Identification Number: <b>0036202</b> )                  | Ship Type               |
|--|-------------------------|
| <b>ARKLOW SHIPPING<br/>NORTH BEACH<br/>ARKLOW<br/>Co Wicklow<br/>IRELAND</b> | <b>Other Cargo Ship</b> |

## THIS IS TO CERTIFY THAT :

The safety management system of the ship has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), following verification that the Document of Compliance for the Company is applicable to this type of ship.

This Safety Management Certificate is issued pending receipt of the final certificate. It is valid until \* **02 August 2025**, subject to the Document of Compliance remaining valid.

Completion date of the audit on which this certificate is based : 02 March 2025

Issued at **WARRENPOINT**, on the **02 March 2025**

**BUREAU VERITAS  
MARINE & OFFSHORE**

MICHAEL MORGAN



This document is electronically signed and does not require a manual signature as defined in IMO guideline FAL.5-Circ.39.

[Click here for the verification website](#)



By Order of the Secretary

\* In maximum of 5 months from the audit completion date.

# **SAFETY MANAGEMENT CERTIFICATE**

**Certificate No. LDR0/MMO/20250303113603**

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## **ENDORSEMENT FOR ADDITIONAL VERIFICATIONS**

**ADDITIONAL VERIFICATION**

Signed:

Place:

Date:

**ADDITIONAL VERIFICATION**

Signed:

Place:

Date:

**ADDITIONAL VERIFICATION**

Signed:

Place:

Date: