

# DOCUMENT OF COMPLIANCE

Certificate No:  
**n1707518-nto**  
DNV Id No:  
**183434**  
Date of issue:  
**2022-02-24**

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

## NORWAY

by DNV

### Particulars of Company <sup>1</sup>

Company Name:	<b>Uksnøy &amp; Co. AS</b>
Company Address:	<b>Keiser Wilhelmsgate 34 6003 Ålesund NORWAY</b>
Company Identification Number:	<b>0931057</b>

### This is to certify:

that the safety management system of the Company 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), for the types of ships listed below:

#### Other cargo ship

This Document of Compliance is valid until: **2027-03-27**, subject to periodical verification.

Completion date of audit on which this Certificate is based: **2022-02-24**

Issued at **Keiser Wilhelmsgate 34  
6003 Ålesund  
Norway, Norway** on **2022-02-24**



for DNV

*This document is signed electronically in accordance with IMO  
FAL.5/Circ.39/Rev.2. Validation and authentication can be obtained from  
trust.dnv.com by using the Unique Tracking Number (UTN):*  
**n1707518-nto and ID: 183434**

**Arnstein Ytterland**

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<sup>1</sup> See paragraph 1.1.2 of the ISM Code.





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**ENDORSEMENT FOR ANNUAL VERIFICATION**

THIS IS TO CERTIFY:

that at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Anniversary date is

**27 Mar**

Range:

**27 Dec to 27 Jun**

\*Renewal range is three (3) months prior to DOC expiration

1st Annual Verification

**Keiser Wilhelmgate 34  
6003 Ålesund**

Place: **Norway, Norway**

Date: **2023-06-15**



Signature: **Tore Larsen**

2nd Annual Verification

Place: **Ålesund, Norway**

Date: **2024-05-31**



Signature: **Tore Larsen**

3rd Annual Verification

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp

4th Annual Verification

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp