**HOV Application**

**To be submitted as an annex to the Vessel Visit Application.**

This form is to be used to apply for dispensation to operate a Human Occupied Vehicle (HOV) in the South Georgia & the South Sandwich Islands Maritime Zones, under the GSGSSI HOV & ROV Policy.

**Details of Vessel Application to which this is an annex:**

|  |  |
| --- | --- |
| **Vessel Operator / name of owner** |   |
| **Name of Vessel (Registered Name B1)** |   |
| **Cruise Number (F1)** |   |
| **Visit Permit Holder (Expedition Leader F1)** |   |
| **Visit Permit Number (If known)** |  |

**Section G**

**HOV 1: HOV General details**

|  |  |
| --- | --- |
| **Name** |  |
| **Make**  |   |
| **Model** |   |
| **Classification society** |   |
| **Registration number** |   |
| **Depth class/rating** |   |
| **Crew capacity (including Pilot)** |   |
| **Passenger capacity** |   |
| **Is this the first time the HOV has operated in South Georgia?** | Yes[ ]  No[ ]  |

**HOV 2: SURFACE SUPPORT VESSEL - General Details**

|  |  |
| --- | --- |
| **Name** |  |
| **Type**  |   |
| **Crew capacity (including Pilot)** |   |
| **Passenger capacity** |   |

**HOV 3: HOV - Pilot**

|  |  |
| --- | --- |
| **Name of Pilot**  |   |
| **Does the Pilot have relevant training, experience and skills to operate a HOV in Polar or South Georgia waters?** A*ttach the HOV manufacturers training certificate* | **Yes** [ ]  | **No** [ ]  |

**HOV 4: SURFACE SUPPORT VESSEL - Surface Officer**

|  |  |
| --- | --- |
| **Name of Surface Officer**  |   |
| **Does the Surface Officer have relevant training, experience and skills to operate a surface support vessel in Polar or South Georgia waters?** A*ttach the HOV manufacturers training certificate* | **Yes** [ ]  | **No** [ ]  |

**HOV 5: HOV – Backup Safety Systems**

|  |
| --- |
| **Please provide details of backup safety systems:** |
| **1** |  |
| **2** |  |
| **3** |  |
| **…** |  |

**HOV 6: Surface Support Vessel – Backup safety systems**

|  |
| --- |
| **Please provide details of backup safety systems:** |
| **1** |  |
| **2** |  |
| **3** |  |
| **…** |  |

**HOV 7: Life support**

|  |
| --- |
| **In the event of all backup systems failing, what is the maximum duration the HOV can support life?** |
|  |

**HOV 8: Rations & Emergency Equipment**

|  |
| --- |
| **Please provide details below of rations, life-saving and emergency equipment carried on board the HOV.** |
| **Type** | **Number** |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
|  |   |
| **…**  | …  |

**HOV 9: Certificate of Classification**

|  |  |
| --- | --- |
| **Expiry Date:** | **Date:** dd/month/yyyy |
| **Certificate Number (attach copy)** | **Cert No.:**  |

**HOV 10: Operating Parameters**

|  |
| --- |
| **Confirm you will** |
| **Operate within the certified safety parameters of your HOV, and according to the skills, experience and qualifications of personnel.** | **Yes** [ ]  |
| **Operate within the regulations set out in the GSGSSI Policy ‘The use of Human Occupied Vehicles (HOV) and Remotely Operated Vehicles (ROV)** | **Yes** [ ]  |

**HOV 11: Contingency and Incident Response Plans**

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| --- |
| **Confirm you have the following plans, documents and contingencies (we may request copies):** |
| **HOV SOP**Operating procedures to account for the conditions likely in South Georgia | **Yes** [ ]  |
| **Surface Boat SOP**Operating procedures to account for the conditions likely in South Georgia | **Yes** [ ]  |
| **Emergency Response**Full suite of emergency response procedures illustrating that the operation is self-sufficient from external support in all aspects | **Yes** [ ]  |
| **Medical Response**Full suite of medical response procedures illustrating that the operation is self-sufficient from external support in all aspects | **Yes** [ ]  |
| **Environmental Safeguarding**SOPs and mitigation measures to prevent harm to the environment, including noise, pollution and disturbance. | **Yes** [ ]  |
| **Wildlife**SOPs and mitigation measures to prevent harm to wildlife and marine benthos, including from noise, pollution, and disturbance. | **Yes** [ ]  |

**HOV 12: Insurance Cover (detail relevant policies)**

|  |  |  |
| --- | --- | --- |
|  | **Type** | Expiry |
| **Insurance:** |  | dd/month/yyyy |
| **Insurance:**  |  | dd/month/yyyy |
| **Insurance:** |  | dd/month/yyyy |
| **Insurance:** |  | dd/month/yyyy |

**HOV 13: Primary activity**

|  |  |  |
| --- | --- | --- |
| **Leisure** Sightseeing/experience/exploring underwater environment (strict ‘no touch’ policy). | **Yes** [ ]  | **No** [ ]  |
| **Heritage**e.g. detailed surveys of wrecks, surveys of seafloor for, artifacts | **Yes** [ ] This may require a Regulated Activity Permit (RAP). If you have already been issued one, please write the RAP number below, otherwise apply by contacting permits@gov.gs | **No** [ ]  |
| **Science**e.g. taking measurements, studies of underwater behavior, gathering samples etc. | **Yes** [ ] This will require a Regulated Activity Permit (RAP). If you have already been issued one, please write the RAP number below, otherwise apply by contacting permits@gov.gs | **No** [ ]  |
| **Media**e.g. commercial media such as TV, film | **Yes** [ ] This may require a Regulated Activity Permit (RAP). If you have already been issued one, please write the RAP number below, otherwise apply by contacting permits@gov.gs | **No** [ ]  |
| **Other** | **Yes** [ ] This may require a Regulated Activity Permit (RAP). If you have already been issued one, please write the RAP number below, otherwise apply by contacting permits@gov.gs | **No** [ ]  |
|  **RAP Details (if relevant):**  |

\* If in any doubt about Regulated Activity Permit requirements applicants should refer to <http://www.gov.gs/visitors/regulated-activity-permit/> and contact the GSGSSI Environment Officer permits@gov.gs

**HOV** 14: Other Information

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| --- |
| **Any other information in support of your application:** |
|  |

**HOV 15: FINAL CHECKLIST**

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| **Please check the following documentation has been submitted with your application. Your application will not be processed until all documentation is received.**  |
| **Document check-list** | **Attached?** |
| Copies of insurance certificates | **Yes** [ ]  |
| Copy of Pilot’s certificate | **Yes** [ ]  |
| Copy of Certification of Classification | **Yes** [ ]  |

**Declaration**

I understand that submission of false information could result in a permit being immediately revoked and may lead to future applications for permits being refused, or restrictions being imposed. In some cases, prosecutions may be brought.

**IMPORTANT LEGAL NOTICE –**

* The GSGSSI will not accept any liability whatsoever for injury to, or damage sustained by, any individual, howsoever arising.

Signature (applicant): Date: dd/month/yyyy

Completed visit application forms and any accompanying information should be returned to GSGSSI and emailed to allison.kean@gov.gs and admin@gov.gs