**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**

|  |  |
| --- | --- |
| **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](mailto:permits@gov.gs)

**HOV** 14: Other Information

|  |
| --- |
| **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](mailto:allison.kean@gov.gs) and [admin@gov.gs](mailto:ross.james@gov.gs)