



# DOCUMENT OF COMPLIANCE

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

## United States of America

(name of state)

by the **AMERICAN BUREAU OF SHIPPING**

Name and address of the Company: OSG SHIP MANAGEMENT, INC.  
(see paragraph 1.1.2 of the ISM Code)

TWO HARBOUR PLACE 302 KNIGHTS RUN AVE., SUITE 1200

TAMPA FL 33602 United States

Company identification number: 1669943

**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 (delete as appropriate):

Passenger Ship Other Cargo Ship: Tug

~~Passenger high Speed Craft~~

~~Cargo High Speed Craft~~

~~Bulk Carrier~~

Oil Tanker

Chemical Tanker

~~Gas Carrier~~

~~Mobile Offshore Drilling Unit~~

This Document of Compliance is valid until 17 September 2022, subject to periodical verification.

Completion date of the audit on which this certificate is based: 14 September 2017

Issued at: Tampa, FL / USA  
(place of issue of the document)

Date of Issue: 14 September 2017



Murphy, Brendon T., Tampa Station  
(Signature of the duly authorized official issuing the certificate)



## 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.

### 1st ANNUAL VERIFICATION

Signed: \_\_\_\_\_

(Signature of authorized official)

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

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

### 2nd ANNUAL VERIFICATION

Signed: \_\_\_\_\_

(Signature of authorized official)

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

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

### 3rd ANNUAL VERIFICATION

Signed: \_\_\_\_\_

(Signature of authorized official)

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

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

### 4th ANNUAL VERIFICATION

Signed: \_\_\_\_\_

(Signature of authorized official)

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

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

