

DECLARATION OF SECURITY
(for use between a ship and port or port operator)

File ref: MAR011/
Version: 1.0 / 89601
Issue date: March 2015

Name of Ship: _____
 Port of Registry: _____
 IMO Number: _____
 Name of Port/ Port Facility: Broome, Australia

This Declaration of Security is valid from _____ until _____ for the following activities:

(list the activities with relevant details)

under the following security levels:

Security level(s) for the ship: _____
 Security level(s) for the port facility: _____

The port facility and ship agree to the following security measures and responsibilities to ensure compliance with the requirements of Australian maritime security legislation.

The affixing of the initials of the SSO or PSO/ PFSO under these columns indicates that the activity will be done, in accordance with relevant approved plan, by

Activity	The port facility:	The ship:
Ensuring the performance of all security duties		
Monitoring restricted areas to ensure that only authorised personnel have access		
Controlling access to port/ port facility		
Controlling access to the ship		
Monitoring of port/ port facility, including berthing areas and areas surrounding the ship		
Monitoring of the ship, including berthing areas and areas surrounding the ship		
Handling of cargo		
Delivery of ship's stores		
Handling unaccompanied baggage		
Controlling the embarkation of persons and their effects		

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Ensuring that security communication is readily available between the ship and port/ port facility

The signatories to this agreement certify that security measures and arrangements for both the port/ port facility and the ship during the specified activities meet the provisions of Australian maritime security legislation will be implemented in accordance with the provisions already stipulated in their approved plan(s) or the specific arrangements agreed to and set out in the attached annex.

Dated at: _____ on the: _____

Signed for and on behalf of

the port:	the ship:
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(Signature of Port Security Officer)

(Signature of Master or Ship Security Officer)

Name and title of person who signed

Name:	Name:
Title:	Title:

Contact Details

(to be completed as appropriate, indicate the telephone numbers or the radio channels or frequencies to be used)

for the port:

for the ship:

Port/ Port Facility	Master
Port Security Officer	Ship Security Officer
	Company
	Company Security Officer