



TOWING VESSEL INSPECTION BUREAU (TVIB)

**The Recognized Professional Organization
of Marine Auditors and Surveyors**

15201 East Freeway, Suite 213
Channelview, TX 77530
Office 832-323-3992
www.thetvib.org
info@thetvib.org

Auditor Membership Application

FOR OFFICE USE ONLY

Applicant Name: _____

Date Received: _____

The Towing Vessel Inspection Bureau (TVIB) is a non-profit professional trade organization. TVIB has two classes of members: professionals directly involved with marine auditing and surveying, and companies interested in enhancing the level of professionalism of marine auditing and surveying. TVIB's mission is to train and certify auditors and surveyors, and provide the best possible resources for use in conducting various types of marine related audits of safety management systems and surveys.

TVIB has established a Code of Ethics to guide the actions of its members. TVIB has also developed a curriculum for its members to provide training and continuing professional development in auditing and surveying practices and procedures to ensure a consistent work product.

TVIB appreciates your interest in becoming a part of our organization. This document will provide information that explains the application process to become a member of TVIB. Please read through the following information, complete the membership application return to TVIB.

TVIB has the following auditor and surveyor certifications. Individuals may hold both auditor and surveyor certifications, and will receive discounted annual membership dues on the second certification.

Auditor Members

Certified Lead Auditors

\$500 annual dues

- Individuals seeking certification to perform marine audits such as AWO RCP management and vessel audits, or Subchapter M management and vessel audits. This grade applies to auditors experienced at managing audits and leading audit teams, as well as conducting full management system audits.

Certified Vessel Auditors

\$500 annual dues

- Individuals seeking certification to perform vessel audits such as AWO RCP vessel audits, or Subchapter M vessel audits. This grade applies to auditors who have extensive experience conducting vessel audits, but do not have the requisite management audit experience.

Apprentice Lead or Vessel Auditors

\$250 annual dues

- Those individuals who desire certification but do not have the required experience or training to conduct full audits independently.

Surveyor Members

\$500 annual dues

Individuals seeking certification to perform Subchapter M towing vessel surveys and examinations. Membership is open to individuals with a demonstrated history of working on or around commercial towing vessels. Current NAMS (National Association of Marine Surveyors) members with a Hull and Machinery designation, current SAMS (Society of Accredited Marine Surveyors) members with a Tug and Barge designation, professional engineers, naval architects, retired USCG inspectors and investigators, and other individuals who are able to provide alternate evidence of sufficient experience and education conducting surveys of commercial towing vessels are best suited for this certification. The endorsement awarded will be determined based on the Surveyor Certification Subcommittee's review of the application, phone interview and experience.

Certified Subchapter M Surveyor for Annual Surveys

- This endorsement allows surveyors to conduct annual surveys in accordance with 46 CFR 137.205 (External Survey Program) or 46 CFR 137.210 (Internal Survey Program).

Certified Subchapter M Surveyor for 5 Year Drydock and Internal Structural Examinations (ISE)

- This endorsement is available for surveyors who have documented experience working with and understanding towing vessel construction, hull repair, maintenance, and/or surveys on drydock. The endorsement allows certified surveyors to conduct drydock and internal structural examinations in accordance with 46 CFR 137.300.

Apprentice Surveyor

\$250 annual dues

- Those individuals who desire certification but have not yet acquired the experience or training to conduct annual surveys or drydock/internal structural examinations. TVIB Certified AWO RCP Lead Auditors and Vessel Auditors, as well as other individuals such as Coast Guard Marine Inspector of towing vessels, and shipyard personnel, may be approved as Apprentice Surveyors if unable to provide the required redacted survey reports. Upon completion of the apprentice program, individuals will be considered for full certification.

All applicants are required to submit an application fee with their application. The application fee covers a portion of the costs TVIB incurs to process the application. Certification class fees for each certification, if any, will be collected at the time of class registration. A list of certification class fees will be posted on the TVIB website as classes are scheduled. An application will not be processed until TVIB has received the application fee along with all supporting documentation. In the event that an application is rejected during a preliminary staff review, before it goes to the Auditor Certification Subcommittee for full review, the application fee may, at the discretion of TVIB be refunded. TVIB members who currently hold one credential and are completing an application for a second credential will pay a reduced application fee of \$100.

Membership dues are invoiced after the application has been approved and the applicant has successfully completed the appropriate certification course and provided any outstanding required documentation. TVIB members who hold more than one credential will receive a 50% discount on the second credential dues. In order for a member to remain a member in good standing and entitled to all member benefits, all dues must be paid on a timely basis. If a member's annual dues become delinquent, the member will be in jeopardy of having his/her membership terminated. Apprentice members will be billed at the lower rate until they become Certified Auditors. Additional information about member dues can be found in the TVIB Bylaws.

In the event that membership dues remain unpaid for more than one month after the due date, membership will be suspended.

A charge of \$35.00 will be assessed for any returned checks.

INSTRUCTIONS FOR COMPLETING THE MEMBERSHIP APPLICATION

1. All answers must be typed, except for the signature requested, which may be conveyed electronically or handwritten. Handwritten applications will not be accepted.
2. Applications and supporting documents should be emailed to TVIB if possible at: info@thetvib.org
3. The application fee must be received by TVIB before TVIB will begin to process the application.
4. Please submit copies of all documents requested. TVIB will not be able to return any documents to you.
5. Please be aware that TVIB may attempt to contact all references listed in the application. We appreciate you supplying accurate, current contact information to help expedite the application process.
6. While the application review is pending, you may be required to participate in telephone interviews with both a Senior Management Team member and Auditor Certification Subcommittee Chairman or his/her designee. Please provide the desired time of day and phone number for telephone interviews.
7. Our average timeline from the date of receiving the completed application to issuing a final determination is 90 days, provided all information requested is submitted with the application. You must have your application approved prior to taking the relevant certification course. Therefore, please be aware that TVIB reserves the right to suspend the acceptance of new applications two to three months prior to a certification course in order to ensure that each application has time to make it through the approval process prior to the certification course date. You will be notified if your application will not be accepted for processing in time for the next certification class upon our receipt of the application. TVIB staff will perform an initial review of your application to ensure the application is complete and ready for review by the Auditor Certification Subcommittee. The Auditor Certification Subcommittees is made up of TVIB auditors and Supporting Organization members that have experience in evaluating applicants and perform a confidential review of the application and supporting documents. The Auditor Certification Subcommittee will complete its review and provide a decision on the acceptability of your application.
8. TVIB will send you the Auditor Certification Subcommittee confirmation letter and the registration information for the next available certification class. Upon successful completion of the certification class and payment of your membership dues, you will receive your TVIB official certification number, be added to the TVIB website as a member certified by TVIB, and receive your TVIB credential(s).

CHECKLIST OF APPLICATION ITEMS REQUIRED

Please use the checklist below to make sure you are including all necessary documents with your application.

An application will NOT be reviewed until TVIB has received ALL supporting documents. It is the applicant's responsibility to ensure that the application is complete.

- All Applicants: Application fee of \$250 for first time applicants; \$100 for current members seeking an additional credential.
- All Applicants: Copies of other certificates or licenses obtained
- All Applicants: Application is signed and dated

Apprentice Auditors, Certified Vessel Auditor and Certified Lead Auditor also include:

- Copy of valid TWIC.
- High School Diploma/GED (or highest level of education completed)

Apprentice Auditors also include:

- Signed Sponsor page with their application

Certified Vessel Auditor and Certified Lead Auditor also include:

- Four years of experience working on towing vessels or other relevant marine experience.
- 3 letters of recommendation
- 32-40 hour ISO 9001 or ISO 14001 Lead Auditor Course within 5 years of application submission
- Auditing History as described in detail on page 13 of this application for auditor applicants

TVIB Auditor Member Application

Please type your answers. Handwritten applications will not be accepted.

SECTION 1: Personal Information
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Full Legal Name: _____

Nickname (If different from above): _____

Employer: _____

Job Title: _____

Preferred Mailing Address: _____

Please indicate preferred number for phone interviews and best time of day for calls:

Business Phone (Including Area Code): _____

Cell Phone (Including Area Code): _____

Fax Number (Including Area Code): _____

Email Address: _____

Website: _____

Are you a member of any other professional maritime related organizations?

- AWO NAMS SAMS GNOBFA Waterways Council

Other: _____

Official NAMS/SAMS Surveyor Number: _____

Other Professional Credential Number or Designation: _____

SECTION 2: Education

A high school diploma or GED is required for all certifications. Attach additional pages, if necessary. Note: If you have attained a secondary education degree(s), you do not need to provide your high school diploma.

High School Graduation/GED

Name of High School: _____ Year completed: _____

City/State: _____

Trade School

Name of School: _____

City/State: _____

Program: _____

Years Attended: _____

College/University

Name of School: _____

City/State: _____

Years Attended: _____ Graduation Date: _____

Degree Obtained: _____

College/University

Name of School: _____

City/State: _____

Years Attended: _____ Graduation Date: _____

Degree Obtained: _____

Attach additional education detail you feel we should consider in reviewing your application.

SECTION 3: Certification Endorsements Sought

Check the appropriate box(es) for the certification(s) and specific endorsement(s) you are seeking:

TVIB Certified Lead Auditor

- TVIB Certified American Waterways Operators Responsible Carrier Program Certified Lead Auditor (for conducting both AWO RCP Management and Vessel audits)
- TVIB Certified Subchapter M TSMS Auditor (for conducting both TSMS Management and Vessel Subchapter M audits)

TVIB Certified Vessel Auditor

- TVIB Certified American Waterways Operators Responsible Carrier Program Certified Vessel Auditor
- TVIB Certified Subchapter M Vessel Auditor

Apprentice Auditor

- For those seeking to develop skills, knowledge, and experience to become Certified Auditors

Special TVIB Certifications for those seeking a credential evidencing their skill and knowledge in conducting internal audits.

- American Chemistry Council Responsible Care Auditor Endorsement**
American Chemistry Council Responsible Care Joint Audit Program (the training for this certification may be offered in conjunction with select RCP certification training, but the credential will be issued by the ACC).

SECTION 4: Letters of Professional Recommendation

Minimum Number of Professional Recommendations required for each type certification:

- 1 Apprentice Auditor Applicants**
- 3 TVIB Certified Lead or Vessel Auditor Applicants**

The letters of professional recommendation must be from non-relatives who are familiar with the type auditing or surveying work related to the credential you are seeking or who are able to provide evidence of your knowledge and experience working in the marine industry. These individuals should have known you for at least three years in a professional capacity and can speak to your qualifications and character. Please ensure their letters include their address, phone number, and email, as TVIB may contact the reference if additional information is needed. The letters can be included with your application or sent in directly from the reference to: info@thetvib.org. *The number of letters noted above are minimum requirements; additional may be included.*

SECTION 5: Certifications and/or Licenses Held Relevant to Marine Auditing - *Attach additional pages if necessary. Provide copies of all certifications and/or licenses as originals will not be returned. Auditor applicants must have successfully completed a 32-40 hour ISO 9001 or ISO 14001 Lead Auditor/assessor course that is Exemplar Global certified or a Coast Guard equivalent within one year of completing the TVIB Certification course.*

ISO Lead Auditor Class Requirement for all TVIB Certified Lead Auditors and Vessel Auditors:

ISO 9001 or ISO 14001 Lead Auditor Course completed within five years of application submission date. (Attach copy of Certificate of Completion)

Completed: YES NO

Name of Course: _____

Course Provider: _____

Dates attended: From: _____ To: _____

Location of Course: _____ Telephone Number: _____

Valid Transportation Worker Identification Credential (TWIC) (attach a copy)

Valid Merchant Mariner Credential (MMC) if applicable (attach a copy)

SECTION 6: Maritime Experience (not required for apprentices)

TVIB Certified Lead/Vessel Auditors must have four years of experience working on towing vessels or other relevant maritime experience, such as a Coast Guard marine inspector, Military personnel with relevant maritime experience, or Marine surveyor.

Apprentices may not have four years of maritime experience at the time of their application, but will need to obtain the required four years of experience prior to moving to the certified status. TVIB will contact references listed below, but the applicant may request that we do not contact a current employer.

Please describe in detail:

1. Current Employer: _____

Employed From (Date): _____

Position Held: _____

Contact Person or Supervisor: _____

Address: _____

Telephone Number & Email Address: _____

Licenses Obtained/Held in this Position: _____

Responsibilities: _____

Is your work primarily shoreside or on a vessel? _____

May we contact this employer? YES NO

2. Company Name: _____

Position Held: _____ From: _____ To: _____

Contact Person or Supervisor: _____

Address: _____

Telephone Number & Email Address: _____

Responsibilities: _____

Reason for Leaving: _____

3. Company Name: _____

Position Held: _____ From: _____ To: _____

Contact Person or Supervisor: _____

Address: _____

Telephone Number & Email Address: _____

Responsibilities: _____

Reason for Leaving: _____

4. Company Name: _____

Position Held: _____ From: _____ To: _____

Contact Person or Supervisor: _____

Address: _____

Telephone Number & Email Address: _____

Responsibilities: _____

Reason for Leaving: _____

SECTION 7: Audit History

Please list your auditing experience as the auditor conducting audits (not as an auditee) for at least the past five years. Apprentices may not have any experience.

- **Lead Auditors** must provide documentation of **at least two management audits and six vessel audits within the past five years** auditing the ISM Code, American Waterways Operators Responsible Carrier Program or equivalent safety management systems, with at least one management audit and one vessel audit being third party compliance audits.
- **Vessel Auditors** must provide documentation of **at least six vessel audits within the past five years** auditing the ISM Code, American Waterways Operators Responsible Carrier Program or equivalent safety management systems with at least two of those six vessel audits being third party compliance audits. Alternatively, vessel auditors may provide documentation of four vessel audits, two of which were supervised and/or attended by a TVIB Certified Auditor.
- Auditing history will be verified by the Auditor Certification Subcommittee. **Please include copies of audit reports or relevant documents for the audits listed below.**
- If availability of audits reports are restricted by audit clients due to confidentiality concerns or for other reasons please let us know. Redacted audit reports or other evidence of completed audits will be considered

Examples of Internal Audits Conducted in the last five years, if any:					
Client	Number of Shoreside Management Audits	Number of Vessel Audits	Audit Protocol Followed	Dates of Audit	Audit Report Attached?

Examples of Compliance Audits conducted in the last five years, if any:					
Client	Number of Shoreside Management Audits	Number of Vessel Audits	Audit Protocol Followed	Dates of Audit	Audit Report Attached?

Other Auditing Experience			
Client	Dates	Audit Protocol Followed	Audit Report Attached?

Please provide a contact name, telephone number and email address for each of your auditing activities listed above. TVIB may contact those individuals listed.

SECTION 8: Membership Agreement

I have reviewed all of the information included in this application. I consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the Towing Vessel Inspection Bureau to rely upon and use, as it sees fit, any information received from such contacts. If any further information or clarity is needed, I will gladly provide it. I will make myself available for a phone interview with TVIB staff and the Auditor Certification Subcommittee.

I swear that all information given in this submission is genuine and correct. Should I be accepted, I promise to adhere to the TVIB Code of Ethics.

If any information provided is found to be untrue at any time, I can be discharged from TVIB association. I understand that I can also be discharged if I fail to pay any dues, fees, or I am found to be in non-compliance of TVIB's Code of Ethics.

After TVIB accepts my application, I will attend and successfully complete the relevant required certification training course pertaining to the credential I am seeking.

Signature of Applicant: _____ Date: _____

**Please email this application and all supporting information to info@thetvib.org
If you must submit via mail, please use the address below:**

Towing Vessel Inspection Bureau

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Channelview, TX 77530
Office 832-323-3992

info@thetvib.org
www.thetvib.org

The section below is for TVIB Sponsors:

I, the undersigned, being a TVIB Certified Auditor member in good standing, agree to sponsor _____ and to help the applicant navigate the auditor application process, help the apprentice obtain and track their audit work history, serve as mentor in the apprentice's professional development as an auditor, and provide the applicant with all necessary support in his/her pursuit of TVIB certification.

I have known the applicant for _____ years, and I believe from personal knowledge that the applicant is fit and competent to be certified as a TVIB Auditor.

OR

I do not have any personal knowledge of the Applicant, however, I have reviewed the application and supporting documents and have personally contacted the applicant, and based on this information agree to sponsor him/her.

I further attest to adhering to the TVIB Apprentice Program criteria during the time of sponsorship.

Print Sponsor Name: _____

TVIB Auditor/Surveyor #: _____

Sponsor Telephone (best number to call): _____

Sponsor Email Address: _____

Sponsor Signature: _____

Date: _____