



# **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](http://www.thetvib.org)  
[info@thetvib.org](mailto:info@thetvib.org)

## **Auditor/Surveyor Membership Application**

**FOR OFFICE USE ONLY**

Applicant Name: \_\_\_\_\_

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

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.

### Application Fee

All applicants are required to pay an application fee with their application, which covers a portion of the costs TVIB incurs to process the application. Certification class fees for each certification will be collected at the time of class registration. If an application is rejected during a preliminary staff 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

Membership dues are invoiced after the application has been approved and the applicant has successfully completed the appropriate certification course. TVIB members who hold more than one credential will receive a 50% discount on the second credential dues. 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 obtain the full credential. Additional information about member dues can be found in the TVIB Bylaws. If 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.

### Application Processing Timeframe

Our average timeline from the date of receiving the completed application to issuing a final determination is 30 days, provided all information requested is submitted with the application. Actual timeframe for issuance of an applicant's credential will vary based on individual circumstances.

## **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.*

- Application fee of \$250 for first time applicants; \$100 for current members seeking an additional credential.
- Copy of the High School Diploma/GED (or highest level of education completed)
- Copies of other certificates or licenses obtained
- Letter(s) of recommendation
- Audit / Survey reports, where available
- Application information is complete, signed and dated

# TVIB Auditor/Surveyor Member Application

## SECTION 1: Personal Information

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): \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Are you a member of either of these professional surveying organizations?

NAMS  SAMS Official Surveyor Number & Credential: \_\_\_\_\_

## SECTION 2: Education

*A high school diploma or GED is required for all certifications. 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: \_\_\_\_\_

**SECTION 3: Certification Endorsements Sought**

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.

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

**AUDITING**

**Certified Lead Auditor** **\$600 annual dues**  
Individuals seeking certification to perform marine audits such as AWO RCP management and vessel audits, or Subchapter M management and vessel audits.

**Apprentice Auditor** **\$250 annual dues**  
Individuals who desire certification but do not have the required experience to conduct full audits independently.

**SURVEYING**

**\$600 annual dues**

**Certified Subchapter M Surveyor for Annual Surveys**  
This endorsement allows surveyors to conduct annual topsides and equipment surveys in accordance with 46 CFR 137.202.

**Certified Subchapter M Surveyor for 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**

Individuals who desire certification but have not yet acquired the experience or training to conduct annual surveys or drydock/internal structural examinations.

**SECTION 4: Letters of Professional Recommendation**

**Minimum Number of Professional Recommendations required for each type certification:**

**1 Apprentice Applicants**

**3 Lead Auditor / Certified Surveyor 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](mailto: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 and/or Surveying, including a valid Merchant Mariner Credential (MMC)**

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**SECTION 6: Maritime Experience**

Per 46 CFR 139.130, TVIB Certified Auditors and Surveyors must have four years of experience working on towing vessels as a licensed mariner or other relevant maritime experience, such as a Coast Guard marine inspector, military personnel with relevant maritime experience, marine surveyor, professional engineer, naval architect 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 may contact references listed below.

**Please describe in detail your employment for at least the past four years:**

1. Current Employer: \_\_\_\_\_

Employed From (Date): \_\_\_\_\_

Position Held: \_\_\_\_\_

Contact Person or Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone Number & Email Address: \_\_\_\_\_

Licenses Obtained/Held in this Position: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Is your work primarily shoreside or on a vessel? \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person or Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone Number & Email Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Contact Person or Supervisor: \_\_\_\_\_

City/State: \_\_\_\_\_

Telephone Number & Email Address: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**SECTION 7: Auditing History** *(for Auditor applicants)*

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, OR
  - Successful completion of the apprenticeship requirements consisting of at least one management audit and three vessel audits under the direction of a TVIB Certified Lead Auditor.
- **A redacted audit report or released with the client's permission should be included for the audits listed, if possible.**

Audits Conducted in the Last Five Years				
Client	Audit Type		Vessel Name (if applicable)	Dates of Audit
	<input type="checkbox"/> Management	<input type="checkbox"/> Internal		
	<input type="checkbox"/> Vessel	<input type="checkbox"/> External		
	<input type="checkbox"/> Management	<input type="checkbox"/> Internal		

	<input type="checkbox"/> Vessel	<input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		
	<input type="checkbox"/> Management <input type="checkbox"/> Vessel	<input type="checkbox"/> Internal <input type="checkbox"/> External		

**SECTION 8: Survey History** *(for Surveyor applicants)*

Surveys conducted on commercial towing vessels will be considered. Other surveys, including cargo surveys, trip in tow surveys or surveys of recreational vessels will not be considered. **A redacted survey OR a released with the client’s permission should be included for the surveys listed, if possible.**

General Surveying Experience			
Client	Type of Survey	Vessel Name	Survey Date

**SECTION 9: Drydock/ISE Field Assessment** *(for those seeking DD/ISE only)*

There is a Field Assessment program required for all Drydock and Internal Structural Examination surveyors. Additional details about the Field Assessment can be found in the **TVIB Drydock and Internal Structural Examination Certification Program.**



Individuals with specific backgrounds and credentials may be able to request a waiver of the Field Assessment program.

**Please check the appropriate box below to indicate your intent.**

I understand that I will need to coordinate my on-site visits to one or more vessels on drydock with a TVIB Designated Examiner to complete the Field Assessment program prior to obtaining my DD/ISE endorsement.

**OR**

I am requesting a waiver of the requirement to complete the Field Assessment program, based on my work experience. I understand I may be asked to provide additional documentation to support my request for a waiver.

I confirm that I am qualified to complete all DD/ISE examination components as follows (please check each box):

- Mitigate potential hazards encountered during the examination
- Verify confined spaces have been made safe for entry
- Review company's TSMS and relevant documents
- Examine the condition of steel, hull and hull appendages
- Examine and determine the condition of propeller(s)
- Examine and determine the condition of tail shaft(s) and strut/stern tube bushings
- Examine and determine the condition of all rudders and rudder trunk bushings
- Examine and determine vessel's internal framing structure by entering tanks/voids
- Examine and evaluate structural repair proposals
- Examine and evaluate hull and appendage welds
- Familiarity with NVIC 07-68
- Familiarity with ABS Rules
- Familiarity with writing a report that will be presented to the TPO and Coast Guard for verification of the vessel's suitability for route and service

**SECTION 10: Code of Ethics Acknowledgment**

I authorize you to contact references, former employers and educational institutions listed regarding this application. I further authorize TVIB 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 provide it.

I swear that all information given in this submission is genuine and correct.

I fully understand and agree to comply with the current TVIB Code of Ethics when performing any work and/or activities in accordance with training, continuing education, or a certification provided and/or issued by TVIB. I had the opportunity to review the current TVIB Code of Ethics as made available on the website.

If any information provided is found to be untrue at any time, I can be discharged from TVIB. I understand that I can also be discharged if I fail to pay dues, do not comply with refresher training requirements, do not comply with continuous professional development requirements and/or I am found to be in non-compliance of TVIB's Code of Ethics.

I understand that signing this document is acknowledging my intent to become an Auditor or Surveyor member of TVIB, and membership does not constitute my authority to perform work on behalf of TVIB. I will need to sign a separate agreement upon my Certification to be included on the Coast Guard recognized list of TVIB Auditors and Surveyors.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

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