



TOWING VESSEL INSPECTION BUREAU (TVIB)

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

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Channelview, TX 77530
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www.thetvib.org
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. 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 fees are non-refundable if an application is closed or terminated due to failure to complete the application process within the required timeframe.

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 \$350 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
- Professional references
- Audit / Survey reports, documentation from lead auditor, redacted audit reports or a completed Experience Letter, depending upon qualification path
- Application information is complete, signed and dated
- Appropriate TVIB certification course completed (*no need to provide certificate*)

I understand that I have **one year** to complete the Auditor/Surveyor application and certification process, after which my application may be closed and a new application and fee may be required.

TVIB Auditor/Surveyor Member Application

SECTION 1: Personal Information

Full Legal Name: _____

Preferred Name (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): _____

Birthday: _____

Email Address: _____

Website: _____

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

NAMS SAMS Official Surveyor Number & Credential: _____

SECTION 2: 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

\$650 annual dues

Certified Lead Auditor

Individuals seeking certification to perform marine audits such as AWO RCP management and vessel audits, or Subchapter M management and vessel audits.

SURVEYING

\$650 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.

SECTION 3: 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 / College / University

Name of School: _____

City/State: _____

Program / Degree Attained: _____

Years Attended: _____ Graduation Date: _____

Other Relevant Courses Attended/Completed

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

SECTION 4: 3 Professional References

Three references must be provided 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. Only one reference may be from your current employer. These individuals should have known you for at least three years in a professional capacity and can speak to your qualifications and character. Please include their phone number and email, as TVIB may contact the reference.

1. Name: _____

Phone Number: _____

Email: _____

2. Name: _____

Phone Number: _____

Email: _____

3. Name: _____

Phone Number: _____

Email: _____

SECTION 5: Certifications and/or Licenses Held Relevant to Marine Auditing and/or Surveying, including a valid Merchant Mariner Credential (MMC) *not including courses attended, those should be listed in Section 3, above.*

SECTION 6: Maritime Experience with Towing Vessels

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.

Please describe in detail your employment for at least the past four years to satisfy the regulatory requirements noted above:

1. Current Employer: _____

Employed From (Date): _____

Position Held: _____

Contact Person or Supervisor: _____

City/State: _____

Telephone Number & Email Address: _____

Work Related to Towing Vessels? Yes No

Describe in Detail Your Job 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: _____

Work Related to Towing Vessels? Yes No

Describe In Detail Your Job Responsibilities: _____

Reason for Leaving: _____

3. Company Name: _____

Position Held: _____ From: _____ To: _____

Contact Person or Supervisor: _____

City/State: _____

Telephone Number & Email Address: _____

Work Related to Towing Vessels? Yes No

Describe In Detail Your Job Responsibilities: _____

Reason for Leaving: _____

SECTION 7: Towing Vessel 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. Individuals completing an auditor apprenticeship may not have five years of 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,
 - **46 CFR 139.130(b)(5)(i) requires documented experience. TVIB considers experience to be demonstrated by submitting redacted audit reports or reports released with the client ' s permission. Alternatively, applicants may provide written statements from lead auditor(s) confirming the type of audit(s) conducted (management or vessel), the audit program type, and the date(s) of the audit(s).**

OR

- Successful completion of an auditor apprenticeship that meets the requirements of 46 CFR 139.130(b)(5)(ii) consisting of at least one management audit and three vessel audits under the direction of a TVIB Certified Lead Auditor – you must provide a completed Apprentice Experience Report from the lead auditor directing the apprenticeship detailing your experience.

Audits Conducted in the Last Five Years				
Client	Audit Type		Vessel Name (if applicable)	Dates of Audit
	<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		
	<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: Towing Vessel 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 survey 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 Module *(for those seeking DD/ISE only)*

There is a Field Module program required for all Drydock and Internal Structural Examination surveyors. Additional details about the Field Module 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 and complete an online module instead of the in-person field assessment under the direction of a TVIB Designated Examiner.

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 Module 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 & 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: Acknowledgments (check the box beside each section to acknowledge your acceptance of the terms listed therein)

TVIB Code of Ethics

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.

TVIB Membership Requirements

If any information I have 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.

Application Requirements

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.

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:

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