



VIRTUAL ACTIVITY REQUEST

Submit form to audits@thetvib.org at least 2 weeks prior to activity.

Prior to commencing activity, documented approval from TVIB must be obtained.

SECTION 1	TPO CUSTOMER CONTACT (PERSON SUBMITTING FORM)
COMPANY NAME	
CONTACT NAME	
TITLE	
PHONE	
EMAIL	

SECTION 2	ACTIVITY TYPE			
INTERNAL VESSEL SURVEY <input type="checkbox"/>	EXTERNAL VESSEL SURVEY <input type="checkbox"/>	EXTERNAL VESSEL AUDIT <input type="checkbox"/>	EXTERNAL MGMT. AUDIT <input type="checkbox"/>	

SECTION 3	ACTIVITY LOCATION AND DATE			
VESSEL		OFFICE		
NAME		ADDRESS		
OFFICIAL NO.		ADDRESS		
LOCATION		CITY, ST ZIP		
DATE		DATE		

SECTION 4	SURVEYOR OR AUDITOR INFORMATION	
NAME		
PHONE		
EMAIL		

THE FOLLOWING SECTION IS FOR TVIB INTEROFFICE USE ONLY

SECTION 5	TVIB REVIEW AND PROCESSING		
TVIB REP NAME		DATE	
TVIB APPROVAL	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Reason:		
TPO CUSTOMER NOTIFIED ON		VIA EMAIL TO	

TPO Customer and Auditor/Surveyor must reference and follow the Virtual Activity Requirements contained in TVIB's COVID-19 Contingency Planning for Subchapter M Compliance Deadlines document.