



REQUEST FOR EXTENSION

Submit form to audits@thetvib.org no less than 30 days prior to anniversary date.

Where applicable, TVIB will submit below request to the Coast Guard in accordance with MSIB 09-20.

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

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

SECTION 3	COMPLIANCE DEADLINE INFORMATION			
VESSEL ACTIVITY		MANAGEMENT ACTIVITY		
NAME		COMPANY NAME		
OFFICIAL NO.		CITY / STATE		
ANNIVERSARY DATE		ANNIVERSARY DATE		
OCMI THAT ISSUED COI		TSMS CERTIFICATE #		

SECTION 4	REASON FOR REQUEST
MARK ALL THAT APPLY	
<input type="checkbox"/>	Would require auditor/surveyor to travel to or through high-risk affected area.
<input type="checkbox"/>	Protecting essential personnel (vessel crew or shoreside employees) by not exposing to potential risk.
<input type="checkbox"/>	Do not have sufficient capability to carry out activity via remote/virtual means
<input type="checkbox"/>	Other (please identify) _____

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: _____		
OCMI OR TVNCOE NOTIFIED ON <i>(Not for Internal Audits)</i>	EMAILED TO		
	APPROVAL RECEIVED		
TPO CUSTOMER NOTIFIED ON <i>(Internal Audits Only)</i>	VIA EMAIL TO		

TVIB Approval does not constitute approval by the OCMI/TVNCOE, where required.