



INTERNATIONAL LOAD LINE CERTIFICATE

Issued under the provisions of the INTERNATIONAL CONVENTION ON LOAD LINES, 1966, as modified by the Protocol of 1988 relating thereto under the authority of the Government of



REPUBLIC OF VANUATU

By OVERSEAS MARINE CERTIFICATION SERVICES (OMCS CLASS)

LL No. 14489

Name of ship	Distinctive number or letters	Port of registry	Length (L) as defined in Article 2(8) (in m)
WHERE'S JOHN	YJTV6	PORT VILA	40.092
	IMO Number ¹		
	8676556		

Freeboard assigned as

A New Ship

Type of ship

Type 'B'

Freeboard from deck line ²

Tropical	1394	mm (T)
Summer	1394	mm (S)
Winter	1394	mm (W)
Winter North Atlantic	1394	mm (WNA)
Timber Tropical	***	mm (LT)
Timber Summer	***	mm (LS)
Timber Winter	***	mm (LW)
Timber Winter North Atlantic	***	mm (LWNA)

Load Line ³

***	mm above (S)
Upper edge of line through center of ring	
***	mm below (S)
***	mm below (S)
***	mm above (LS)
***	mm above (S)
***	mm below (LS)
***	mm below (LS)

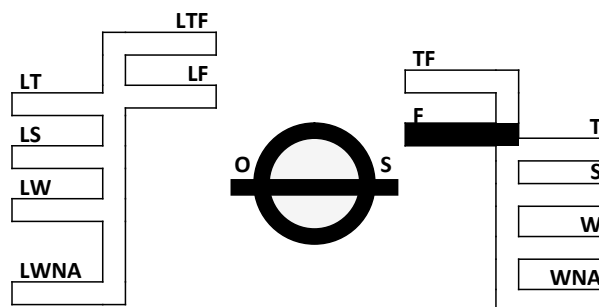
Allowance for fresh water for all freeboards other than timber : 56 mm. For timber freeboards *** mm.

The upper edge of the deck line from which these freeboards are measured is 500 mm.

*** deck at side.

THIS IS TO CERTIFY

- That this ship has been surveyed in accordance with the requirement of the article 14 of the convention.
- That the surveys showed that the freeboards have been assigned and load line shown above has been marked in accordance with the convention.



The provisions of the Convention from which the ship is exempted under article 6(2) are: ***

This certificate is valid until 04-08-2028 ⁴ subject to annual surveys in accordance with Article 14(1)(c) of the Convention.

(DD-MM-YYYY)

Completion date of the survey on which this certificate is based 28-06-2023

(DD-MM-YYYY)

Issued at PANAMA CITY - REP. OF PANAMA

(Place of issue of certificate)

Date of issue 08-09-2023

(DD-MM-YYYY)

Pablo Calzada

Pablo Calzada

OMCS CLASS REPRESENTATIVE



For OMCS

This document is signed electronically in accordance with IMO FAL.5/Circ.39/Rev.2. Validation and authentication can be obtained from <https://trust.orion-imegroup.com/> by scanning the unique QR Code or by using the Unique Tracking No(UTN):00809161551202329756 and the IMO No:8676556 of the vessel

¹ In accordance with Resolution A. 600 (15) - IMO Ship Identification Number Scheme, this information may be included voluntarily.

² Freeboard lines which are not applicable need not be entered on the certificate. Subdivision Load line may be entered on the certificate on a voluntary basis.

³ Freeboard lines which are not applicable need not be entered on the certificate. Subdivision Load line may be entered on the certificate on a voluntary basis.

⁴ Insert the date of expiry as specified by the Administration in accordance with Article 19(10) of the Convention. The day and the month of this date correspond to the anniversary date as defined in Article 2(9) of the Convention, unless amended in accordance with Article 19(8) of the Convention.



Overseas Marine Certification Services (OMCS CLASS)

E-mail: surveys@omcsclass.org Web: www.omcsclass.org

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Form Code : LL-FT

UTN : 00809161551202329756

2025-10-10 - 11:01:10(GMT-5)

Approved by: TM

Revised by: MQA

Rev. 04

Date of revision: 15/01/2019



Endorsement for annual surveys

THIS IS TO CERTIFY that, at an annual survey required by article 14(1)(c) of the Convention, the ship was found to comply with the relevant requirements of the Convention.

Annual survey:

Surveyor's Name BUSTAVINO GONZALEZ DURAN Signature & Stamp BUSTAVINO GONZALEZ DURAN - M-076

Place CABO SAN LUCAS - BCS, MEXICO Date 20-06-2024 Job request No. JR/24/17055
(Port, Country) (DD-MM-YYYY)



Annual survey:

Surveyor's Name JOSÉ GUILLERMO STOUTE Signature & Stamp JOSÉ GUILLERMO STOUTE - HO-022

Place CABO SAN LUCAS, BCS - MEXICO Date 23-06-2025 Job request No. JR/25/19984
(Port, Country) (DD-MM-YYYY)



Annual survey:

Surveyor's Name _____ Signature & Stamp _____

Place _____ Date _____ Job request No. _____
(Port, Country) (DD-MM-YYYY)

Annual survey:

Surveyor's Name _____ Signature & Stamp _____

Place _____ Date _____ Job request No. _____
(Port, Country) (DD-MM-YYYY)





Annual survey in accordance with Article 19(8) (c)

THIS IS TO CERTIFY that , at a survey in accordance with Article 19(8) (c) of the Convention, this Ship was found to comply with the relevant requirement of the Convention.

Surveyor's Name _____ Signature & Stamp _____

Place _____ Date _____ Job request No. _____
(Port, Country) (DD-MM-YYYY)

Endorsement to extend the certificate if valid for less than 5 years where Article 19(3) applies

The ship complies with the relevant requirements of the Convention, and this certificate shall, in accordance with Article 19(3) of the Convention, be accepted as valid until _____

(DD-MM-YYYY)

Surveyor's Name _____ Signature & Stamp _____

Place _____ Date _____ Job request No. _____
(Port, Country) (DD-MM-YYYY)

Endorsement where the renewal survey has been completed and Article 19(4) applies

The ship complies with the relevant requirements of the Convention, and this certificate shall, in accordance with Article 19(4) of the Convention, be accepted as valid until _____

(DD-MM-YYYY)

Surveyor's Name _____ Signature & Stamp _____

Place _____ Date _____ Job request No. _____
(Port, Country) (DD-MM-YYYY)





Endorsement to extend the validity of the certificate until reaching the port of survey or for a period of grace where Article 19(5) and 19(6) applies

This certificate shall, in accordance with Article 19(5) / 19(6) of the Convention, be accepted as valid until

(DD-MM-YYYY)

Surveyor's Name _____ **Signature & Stamp** _____

Place _____ **Date** _____ **Job request No.** _____
(Port, Country) (DD-MM-YYYY)

Endorsement for advancement of anniversary date where Article 19(8) applies

In accordance with Article 19(8) of the Convention the new anniversary date is

(DD-MM-YYYY)

Surveyor's Name _____ **Signature & Stamp** _____

Place _____ **Date** _____ **Job request No.** _____
(Port, Country) (DD-MM-YYYY)

In accordance with Article 19(8) of the Convention the new anniversary date is

(DD-MM-YYYY)

Surveyor's Name _____ **Signature & Stamp** _____

Place _____ **Date** _____ **Job request No.** _____
(Port, Country) (DD-MM-YYYY)

