

SAFETY MANAGEMENT CERTIFICATE



Issued under the provisions of the International Convention for the Safety of Life at Sea, 1974, As amended Under the authority of the Government of



REPUBLIC OF VANUATU

By OVERSEAS MARINE CERTIFICATION SERVICES (OMCS CLASS)

SMC No. 19984

Name of ship	Distinctive number or letters	Port of registry	Type of Ship ¹	Gross tonnage	IMO Number
WHERES JOHN	YJTV6	PORT VILA	Passenger Ship	490	8676556

Name and address of the Company
(see paragraph 1.1.2 of the ISM Code)

ICARUS AVIATION LTD.
CALLE MIGUEL ANGEL HERRERA, ALTATERRA CORPORATIVO,
OFICINA #205, COLONIA LA LIBERTAD. CODIGO POSTAL 23470
BAJA CALIFORNIA SUR - MEXICO.

Company Identification Number

1901824

THIS IS TO CERTIFY THAT the safety management system of the ship has been duly audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), following verification that the Document of Compliance for the company is applicable to the ship

This Safety Management Certificate is valid until 29-10-2030
(DD-MM-YYYY) subject to periodical verification and the Document of Compliance remaining valid.

Completion date of the verification on which this certificate is based 23-06-2025
(DD-MM-YYYY)

Issued at PANAMA CITY, REP. OF PANAMA
(Place of issue of certificate)

Date of issue 10-10-2025
(DD-MM-YYYY)

Juan Diego Torres



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):01010121154202561865 and the IMO No:8676556 of the vessel

¹ Insert the type of ship from among the following: Passenger ship; Passenger high-speed craft; Cargo high-speed craft; Bulk carrier; Oil tanker; Chemical tanker ; Gas carrier; Mobile offshore drilling unit; Other



go ship.

Overseas Marine Certification Services (OMCS CLASS)

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

Form Code : SMC-FT

UTN : 01010121154202561865

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Approved by: TM

Revised by: MQA

Rev. 02

Date of revision: 15/08/2017



**ENDORSEMENT FOR INTERMEDIATE VERIFICATION AND ADDITIONAL VERIFICATION (IF
REQUIRED)**

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Intermediate Verification:

Surveyor's Name _____ Signature & Stamp _____

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

Additional Verification:

Surveyor's Name _____ Signature & Stamp _____

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

Additional Verification:

Surveyor's Name _____ Signature & Stamp _____

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

Additional Verification:

Surveyor's Name _____ Signature & Stamp _____

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

