



# Security Department

## DECLARATION OF SECURITY

Name of Vessel: \_\_\_\_\_ Port of Registry: \_\_\_\_\_  
IMO Number: \_\_\_\_\_ Name of Port Facility: HOVENSA, St. Croix, USVI

This Declaration of Security (DOS) is valid from \_\_\_\_\_ until \_\_\_\_\_ for the following activities: \_\_\_\_\_

Declaration of Security covers activities under MARSEC / ISPS security level:  1  2  3

The port facility and the vessel agree to the following security activities (responsible party to initial blank):

Vessel	Port Facility	Activity
<input type="checkbox"/>	<input type="checkbox"/>	Communications established between vessel and port facility.
<input type="checkbox"/>	<input type="checkbox"/>	Means of raising alarm agreed between vessel and port facility.
<input type="checkbox"/>	<input type="checkbox"/>	Report/Communicate any noted security non-conformities and notify appropriate government agencies.
<input type="checkbox"/>	<input type="checkbox"/>	Port specific security information passed to vessel and notification procedures established, specifically who contacts local authorities, National Response Center, and Coast Guard.
<input type="checkbox"/>	<input type="checkbox"/>	Responsibility for checking the identification and screening of passengers, crew, hand carried items, baggage, vessel stores, cargo, and vehicles.
<input type="checkbox"/>	<input type="checkbox"/>	Responsibility for monitoring the berth/pier directly surrounding the vessel.
<input type="checkbox"/>	<input type="checkbox"/>	Responsibility for monitoring and/or performing security of water surrounding the vessel.
<input type="checkbox"/>	<input type="checkbox"/>	Verification of increased security levels and implementation of additional protective measures.
<input type="checkbox"/>	<input type="checkbox"/>	Controlling access to the vessel.
<input type="checkbox"/>	<input type="checkbox"/>	Additional security activities: _____

*The signatories to this agreement certify that security arrangements during the specified interfaced activities are in place and maintained.*

Date of Issue: \_\_\_\_\_

Time of Issue: \_\_\_\_\_

\_\_\_\_\_  
Signature of Master or Vessel Security Officer

\_\_\_\_\_  
Signature of Facility Security Officer or designee

\_\_\_\_\_  
Printed name and title of Vessel Security Officer

\_\_\_\_\_  
Name and title of Facility Security Officer or designee

\_\_\_\_\_  
Contact information

\_\_\_\_\_  
Contact information