Actions:	



Underwater Services request form

Section 1 – General information

Requesting Authority				Request Date	
Describe the services to be provided					
Include information on the the use case					
Target of the survey					
Nature of the intervention				Area of intervention	
Intervention's sea area (e.g. territorial sea, high sea etc.)					
Latitude		Longitude		 □ Actual position on the sea or similar. □ Last position on the surface □ Other (please specify) 	bottom verified by MBES, SSS
Target's depth			m.	Estimated target's dimensions (e.g. LOA, LBP etc.)	m.
Sea bottom do sandy, muddy	escription (e.g. v, rocky)				
	any missing the survey's			Is any authorisation to operate needed? (e.g. by local authorities)	If YES, indicate the point of contact of the competent authority:
Proposed dat the intervention	tes to launch			Expected duration of the intervention	
Proposed coordination n		Opt. 1 Opt. 2		Confirm that the operational team is entitled to recover evidence, e.g. VDR	
Point of co intervention's	ntact of the coordinator ²	Full Name Organisation Position/role Phone nr. Email Address			

¹ The proposed dates are indicative and might be adjusted depending on the weather forecast/situation on site and other local conditions, including the authorisation process by the competent authorities.

² The processing of personal data by EMSA like in all the Union institutions and bodies is regulated by Regulation (EU) 2018/1725 of the European Parliament and of the Council of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions. EMSA rules related to personal data protection are available under the following link: https://emsa.europa.eu/about/personal-data-protection.html



Please add any othe information deemed usef for the operation's execution	ul				
	Sect	tion 2 – Deliverables			
Indicate if any specf requirement for dat handling is needed					
Indicate if any video edit needed	□ Blurring (e.g. of the□ Other	wreck's name)			
Point of contact for receiving deliverables ²	g Full Name Organisation Position/role Phone nr. Email Address				
	=	et (if available) / relevant documents pathymetry, 3D reconstructions, trace			
	-	rmation for State owned support Ves	ssel		
Is a support vessel needed to perform the intervention?	□ YES □ NO	If NO, indicate the facilities enabling the intervention (e.g. underwater survey to a quay that is reachable by land)			
If YES, indicate the details of the support vessel that will be made available					

By ticking the box, the requestor confirms that:
 the vessel is compliant to the certification and manning requested by the applicable safety legislation for an Observation class ROV inspection;
 the vessel is compliant to the certification and manning requested by the applicable safety of an OC-ROV inspection;
 class ROV inspection;
 the EMSA contractor is allowed to embark and perform the intervention from that vessel;
 the vessel will be readily available as soon as the contractor is deployed on site;
 the communication between the contractor and crew will be done in English or else on a common agreed language;
 the vessel insurance is suitable to support underwater operations;

The UWS Contractor may request further details on the proposed ship to ensure her suitability to conduct the operation.

Comments

Requesting Officer	
Position in his/her Organisation	