Document No.: 268509-5002636-005

DOCUMENT OF COMPLIANCE

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

United States of America

(name of state)

by the AMERICAN BUREAU OF SHIPPING

Name and address of the Company: HARVEY GULF INTERNATIONAL MARINE, LLC. (see paragraph 1.1.2 of the ISM Code)

701 POYDRAS STREET SUITE 3700

NEW ORLEANS LA 70139 United States

Company identification number:

1140931

THIS IS TO CERTIFY THAT the Safety Mana	agement System of the Company has been audited and that it
complies with the requirements of the International	al Management Code for the Safe Operation of Ships and for
Pollution Prevention (ISM Code) for the types of ships	
	Cargo Ship: Offshore Support Vessel
Passenger high Speed Graft	Towing Vessel
Cargo High Speed Graft	
Bulk Carrier	LNG Articulating Tug and Barge
bil Tanker-	
Chemical Tanker	
Cae Carrier	
Mobile Offshere Brilling Unit	
This Document of Compliance is valid until11 S	September 2026 , subject to periodical verification.
Completion date of the verification on which this certif	ficate is based:29 September 2021
Issued at:	New Orleans, United States
	(place of issue of the document)



Electronically Signed By Roan, Kyle D., New Orleans Port

(Signature of the duly authorized official issuing the certific

29 October 2021

ISM-DOC

REV 102.00

Date of Issue:

Page 1 of 2

Document No.: 268509-5002636-005

ENDORSEMENT FOR ANNUAL VERIFICATION

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.

1st ANNUAL VERIFICATION	Signed:	SYED MUMTAZ AD
	Place:	(Signature of authorized official) NEW ORLEANS, LA, USA
	riace.	
	Date:	12 OCTOBER 2022
2nd ANNUAL VERIFICATION	Signed:	
	Place:	(Signature of authorized official)
	i iace.	
	Date:	
3rd ANNUAL VERIFICATION	Signed:	
	Place:	(Signature of authorized official)
	Date:	
4th ANNUAL VERIFICATION	Signed:	
	Place:	(Signature of authorized official)
	Date:	

