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| **eLVMS Procedure Change Request** | | | |
|  | |
| Ship:  Request No: | | | |
| The following change is requested reference: | | | |
| eLVMS *(e.g. Operations – Ship Operations -> Marine Operations -> Ship Communications + Para #)* | | | |
| Form / Checklist *(e.g. SAF 85):* | | | |
|  | | | |
| Other Document *(e.g. VShips TBT Presentation 2017-02-01):* | | | |
| Summary of Proposed Change Details | | | |
|  | | | |
| Proposed Text (or other document attached for reference) | | | |
| *Number of supporting pages attached: ­­­\_\_\_\_\_\_* | | | |
| Reason for Proposed Change | | | |
|  | | | |
| Change Originator’s Name / Position: | | Date: | |
| Master (onboard) or Head of Department (ashore):  Name | | Date: | |

**FOR OFFICE USE ONLY:**

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| **If PCR declined, give reason:** |
| **If PCR accepted, insert revised text: (highlight change in *italics)*** |
| **To be included in S&QMS review, revision number: Scheduled: / /** |
| **VSL bulletin or Local Work Instruction / other issued in interim:** YES / NO |

*(attach further pages if required and indicate: )*