



Republic of the Philippines  
Department of Transportation  
**MARITIME INDUSTRY AUTHORITY**

MSSSSC-FVSC-25-07-08-0190

**FISHING VESSEL SAFETY CERTIFICATE**

Issued under the provisions of the  
PHILIPPINE FISHING VESSELS SAFETY RULES AND REGULATIONS (PFVSR), 2018  
and its subsequent amendments.

**Information of Ship:**

|  |                                       |                                       |  |   |
|--|---------------------------------------|---------------------------------------|--|---|
| Name of Ship:<br><b>FBca CEDDIE</b>                | Official Number:<br><b>09-0002747</b> | Port of Registry:<br><b>Zamboanga</b> | Date of Birth (Start Date):<br><b>2024</b> | Category of Operation (Reg. 1.5.4):<br><b>Philippine Waters</b> |
| Ship owner Company:<br><b>LORNA Y. BALONGCAS</b>   | IMO Number:<br><b>-</b>               | Gross Tonnage:<br><b>17.00</b>        | Keel date:<br><b>67.11</b>                 | Class Type (Reg. 1.5.4):<br><b>Fishing (Catcher)</b>            |
| Business Address:<br><b>Napolan, Pagadian City</b> | Call Sign:<br><b>-</b>                | Net Tonnage:<br><b>11.00</b>          | Engine Make:<br><b>Mitsubishi</b>          | LOA/Beam:<br><b>18.00 M / Wood</b>                              |

**THIS IS TO CERTIFY:**

1. That the ship has been inspected in accordance with the requirements of Rule 3 of the PFVSR, 2018 and its subsequent amendments.
2. That the inspection showed that at the time of inspection, the condition of the structure, machinery and equipment as defined in the above regulation was satisfactory and the ship complied with the requirements of the PFVSR, 2018 and its subsequent amendments.
3. That the last inspection of the outside ship's bottom took place on 30 June 2025.
4. That an Exemption Certificate has/has not been issued.

This certificate is valid until 29 June 2026 subject to the annual inspections in accordance with the requirements of Rule No. 3 of the PFVSR, 2018 and its subsequent amendments.

Issued by the Authority of the Government of the Philippines under my hand and seal at Pagadian City, this 08<sup>th</sup> day of July 2025.

By the Authority of the Administrator:  
(A.O. No. 03-24 dated 01 April 2024)

**FARIDA T. CUNANAN, Ph.D.**  
OIC-Regional Director

Paid Under  
O.R. No. 1748499  
Amount Php 400.00  
Date 08 July 2025

"Application for Renewal and/or annual inspections shall be filed at least fifteen (15) days prior to anniversary or expiry date."

0327249

## I. SHIP INSPECTION DATA

|   |   |   |
|---|---|---|
| <b>1. Ship Inspection:</b><br>Date of Inspection: <u>04 July 2025</u><br>Place of Inspection: <u>Fish Port, Pagadian City</u><br>Inspected by: <u>Engr. Berland M. Sayip</u><br>(Signature Over Printed Name)<br>(a) _____<br>(Signature Over Printed Name)<br>(b) _____<br>(Signature Over Printed Name) | <b>2. Ship Dry-docking or In-water Docking:</b><br>Date of Dry-docking: <u>30 June 2025</u><br>Date of In-water docking: _____<br>Place of Docking: <u>Bomba, Pagadian City</u><br>Inspected by: <u>Engr. Berland M. Sayip</u><br>(Signature Over Printed Name)<br>(a) _____<br>(Signature Over Printed Name)<br>(b) _____<br>(Signature Over Printed Name) | <b>3. Total Number of Persons Allowed On-board:</b><br>Number<br>I. Authorized Number of Crew: <u>-3-</u><br>(Ref. Manning Certificate)<br>II. Others (support/ancillaries, etc.): <u>-5-</u><br><b>TOTAL: <u>-08-</u></b><br><b>4. Deadweight in metric tons:</b><br>(For oil/chemical and gas carriers only)<br>_____ |
| <b>5. Certificate of Stability:</b><br>Cert. of Stability No.: _____ Date Issued: _____<br>Issued by: _____   | <b>6. Classification Certificate:</b><br>Class Cert. No.: <u>n/a</u> Date Issued: _____<br>Date Issued/Validity: _____  |   |

## II. DETAILS OF LIFE SAVING APPLIANCES AND EQUIPMENT

| <b>1. Total Number of Survival Crafts:</b><br><table border="1"> <thead> <tr> <th>Type</th> <th>Number</th> <th>Cap. Each</th> <th>Total Cap.</th> </tr> </thead> <tbody> <tr> <td>a. Lifeboat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  o Totally enclosed lifeboats</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  o Partially enclosed lifeboats</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  o Other lifeboats</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Inflatable Liferaft</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  c. Rigid Type</td> <td></td> <td></td> <td></td> </tr> <tr> <td>  d. Equivalent Approved-Type</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Type         | Number    | Cap. Each            | Total Cap.  | a. Lifeboat                  |              |   |   | o Totally enclosed lifeboats |  |  |  | o Partially enclosed lifeboats                      |   |  |  | o Other lifeboats |  |  |  | b. Inflatable Liferaft |  |  |  | c. Rigid Type |  |  |  | d. Equivalent Approved-Type |  |  |  | <b>5. Number of Distress Signal Apparatus:</b><br><u>-1-</u> | <b>6. Number of Line-Throwing Apparatus:</b><br><u>Heaving Line</u> |
|--|--------------|-----------|----------------------|-------------|------------------------------|--------------|---|---|------------------------------|--|--|--|---|---|--|--|-------------------|--|--|--|------------------------|--|--|--|---------------|--|--|--|-----------------------------|--|--|--|--|---|
| Type   | Number       | Cap. Each | Total Cap.           |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| a. Lifeboat  |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| o Totally enclosed lifeboats   |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| o Partially enclosed lifeboats   |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| o Other lifeboats  |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| b. Inflatable Liferaft   |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| c. Rigid Type  |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| d. Equivalent Approved-Type  |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| <b>2. Total Number of Rescue Boats:</b><br><table border="1"> <thead> <tr> <th>Type</th> <th>Number</th> <th>Cap. Each</th> <th>Total Cap.</th> </tr> </thead> <tbody> <tr> <td>a. Motorized Rescue Boat</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Equivalent Approved-Type</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>  | Type         | Number    | Cap. Each            | Total Cap.  | a. Motorized Rescue Boat     |              |   |   | b. Equivalent Approved-Type  |  |  |  | <b>7. Number of Radar Transponders:</b><br><u>-</u> | <b>8. Number of Marine Radio Apparatus:</b><br><u>-1-</u> |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| Type   | Number       | Cap. Each | Total Cap.           |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| a. Motorized Rescue Boat   |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| b. Equivalent Approved-Type  |              |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| <b>3. Total Number of Lifejackets:</b><br><table border="1"> <thead> <tr> <th>Kind</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>a. Adult</td> <td><u>-08-</u></td> </tr> <tr> <td>b. Additional (5% of Item a)</td> <td><u>-n/a-</u></td> </tr> </tbody> </table>  | Kind         | Number    | a. Adult             | <u>-08-</u> | b. Additional (5% of Item a) | <u>-n/a-</u> | <b>9. Number of Fire Extinguishers:</b><br><u>-01- ABC @ 10 lbs. cap.</u> | <b>10. Number/Length of Fire Hose plastic</b><br><u>-</u> |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| Kind   | Number       |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| a. Adult   | <u>-08-</u>  |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| b. Additional (5% of Item a)   | <u>-n/a-</u> |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| <b>4. Total Number of Lifebuoys:</b><br><table border="1"> <thead> <tr> <th>Type</th> <th>Number</th> </tr> </thead> <tbody> <tr> <td>a. Lighted lifebuoys</td> <td><u>-</u></td> </tr> <tr> <td>b. Non-lighted lifebuoys</td> <td><u>-1-</u></td> </tr> </tbody> </table>   | Type         | Number    | a. Lighted lifebuoys | <u>-</u>    | b. Non-lighted lifebuoys     | <u>-1-</u>   | <b>11. Number of Fire Axe/ Fire Buckets:</b><br><u>-1-/4-</u>             | <b>12. Number of Fire Pumps/Hydrants:</b><br><u>-</u>     |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| Type   | Number       |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| a. Lighted lifebuoys   | <u>-</u>     |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |
| b. Non-lighted lifebuoys   | <u>-1-</u>   |           |                      |             |                              |              |   |   |                              |  |  |  |   |   |  |  |                   |  |  |  |                        |  |  |  |               |  |  |  |                             |  |  |  |  |   |

## II. ENDORSEMENT FOR ANNUAL INSPECTION

This is to certify that, the ship at the time of inspection, was found to comply with the requirements of the PFVSR, 2018 and its subsequent amendments.

|  |  |  |  |
|--|--|--|--|
| Inspected and endorsed by:                         | Inspected and endorsed by:                         | Inspected and endorsed by:                         | Inspected and endorsed by:                         |
| Signature Over Printed Name of Authorized Official | Signature Over Printed Name of Authorized Official | Signature Over Printed Name of Authorized Official | Signature Over Printed Name of Authorized Official |
| Date of Inspection:                                | Date of Inspection:                                | Date of Inspection:                                | Date of Inspection:                                |
| Place of Inspection:                               | Place of Inspection:                               | Place of Inspection:                               | Place of Inspection:                               |

(Seal of stamp of the Issuing Authority)

(Seal of stamp of the Issuing Authority)

(Seal of stamp of the Issuing Authority)

(Seal of stamp of the Issuing Authority)

## ENDORSEMENT FOR EXTENSION OF THE VALIDITY OF THIS CERTIFICATE

This is to certify that, the ship at the time of inspection, was found to comply with the requirements of the PFVSR, 2018 and its subsequent amendments, and this certificate shall be accepted as valid until \_\_\_\_\_.

Inspected and endorsed by:

Name : \_\_\_\_\_  
(Signature Over Printed Name of Authorized Official)

Date : \_\_\_\_\_

Place : \_\_\_\_\_

(Seal of stamp of the Issuing Authority)





Republic of the Philippines  
DEPARTMENT OF TRANSPORTATION  
MARITIME INDUSTRY AUTHORITY

MARINA REGIONAL OFFICE IX (PAGADIAN CITY)  
2<sup>nd</sup> Flr., MLT Bldg., Pajares Ave., Santiago Dist., Pagadian City

**MINIMUM SAFE MANNING CERTIFICATE**

|  |                               |                                   |  |   |
|--|-------------------------------|-----------------------------------|--|---|
| Name of Ship<br><b>FBca CEDDIE</b>         | IMO No.<br><b>N/A</b>         | Official No.<br><b>09-0002747</b> | Call Sign<br><b>-</b>                        | Homeport<br><b>Zamboanga</b>            |
| Owner/Company<br><b>LORNA Y. BALONGCAS</b> | Gross Tonnage<br><b>17.00</b> | Kilowatts<br><b>67.11</b>         | Ship Class<br><b>"Fishing"<br/>(Catcher)</b> | Trading<br><b>PHILIPPINE<br/>WATERS</b> |

The ship named in this certificate is considered to be safely manned if, when it proceeds to sea/protected waters, it carries not less than the number of grades of personnel specified in the table below.

**MANNING REQUIREMENTS**

| Deck Department         |         |        | Engine Department |         |        |
|-------------------------|---------|--------|-------------------|---------|--------|
| POSITION                | LICENSE | Number | POSITION          | LICENSE | Number |
| SKIPPER                 | BC1     | 1      | Chf Engr Officer  | MTM     | 1      |
|                         |         |        | Rating            | -       | 1      |
| TOTAL                   |         | 1      | TOTAL             |         | 2      |
| Others:                 |         |        | Others:           |         |        |
| Crew                    | -       | 5*     |                   | -       |        |
| TOTAL No. OF CREW: -08- |         |        |                   |         |        |

PROVIDED THAT, this Certificate is valid only as to the particulars of the ship shown in the application letter dated **01 July 2025** and the nature of the service indicated therein.

Issued pursuant of Rule 9 Section 3 of the Philippines Fishing Vessels Safety Rules and Regulations of 2018.

This Minimum Safe Manning Certificate is valid until **29 June 2026**.

Issued at **Pagadian City** on this **08 July 2025**.

*\* Not related to the vessel's required safe manning level  
As requested by the owner.*

FOR THE ADMINISTRATOR:  
(A.O. NO. 03-24 Dated 01 April 2024)

(Seal of Stamp of the Issuing Authority)

**FARIDA L. CUNANAN, PhD**  
OIC-Regional Director

Paid Under  
O.R. No.: **4748409**  
Amount: **100.00**  
Date: **08 July 2025**