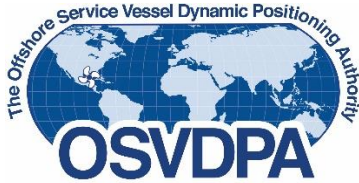


| | | | |
|------------------------|---|---|--------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: N/A |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: N/A ED: YES Counsel: N/A Accountant: N/A | Page 1 of 6 |



OFFSHORE SERVICE VESSEL DYNAMIC POSITIONING AUTHORITY

FORM MA-1-002, the OSVDPA Membership Application (Version 002)

This form is used by those seeking to become OSVDPA Members. This form IS NOT utilized to become a DPO, Prospective DPO, QOBA, Auditor, Training Provider, Vessel Operator, or gain other OSVDPA approval. To seek any of those certificates or approvals please visit www.OSVDPA.org.

OSVDPA certification, enrollment, accreditation, or approval in any other way is not conditioned by, influenced by, or a product of Membership or a lack of Membership in the OSVDPA.

Further instructions and definitions are found at the end of this form.

General Information.

1. Name and Contact Information.

Member
Name: _____

Corporate Members: list your company name as you wish it to appear on membership roster

Mailing
Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

If your address is outside the U.S. substitute your province (or other political subdivision) and Postal Code for "State" and "Zip Code."

Primary

Phone: _____

Email: _____

Include Country Code if outside U.S.

Secondary

Phone: _____

Include Country Code if outside U.S.

What is the best/preferred way for the OSVDPA to contact you with questions or concerns? (Feel free to list separate methods depending if you are home or at sea).

2. Application for Membership Renewal.

Check this box if you are a current OSVDPA Member renewing your membership.

If checking this box and none of your information has changed, simply sign the form under Question 11 and submit to the OSVDPA.

Type of Membership.

3. Check the correct box below for the type of OSVDPA Membership being applied for and then follow the corresponding instructions regarding which sections should be completed.

Individual Members:

- Dynamic Positioning Operators (DPOs):**
Complete Questions 1, 2, 3, 4, and 11.
- Instructors:** Complete Questions 1, 2, 3, 5, and 11.
- Other Individuals Engaged in the DP Industry:**
Complete Questions 1, 2, 3, 6, and 11.

Corporate Members:

- Training Providers:** Complete Questions 1, 2, 3, 7, and 11.
- Vessel Operators:** Complete Questions 1, 2, 3, 8, and 11.
- Other Entities Engaged in the DP Industry:**
Complete Questions 1, 2, 3, 9, and 11.

| | | | |
|------------------------|--|--|--------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: N/A |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: N/A ED: YES Counsel: N/A Accountant: N/A | Page 2 of 6 |

Dynamic Positioning Operators (DPOs).

4. Type of DPO Certificate Held, Issuing Authority, and Expiration Date.

Check the box corresponding to the type of DPO Certificate you hold and list the issue and expiration date of this certificate:

| | | | |
|--|--------------------------|--------------------------------|-------------------------------------|
| OSVDPA Class A / Nautical Institute Unlimited: | <input type="checkbox"/> | <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |
| OSVDPA Class B / Nautical Institute Limited | <input type="checkbox"/> | <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |
| Nautical Institute Restricted to Unclassed | <input type="checkbox"/> | <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |
| Nautical Institute Shuttle Tanker Certificate | <input type="checkbox"/> | <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |
| Other Type of Certificate (Describe Below) | <input type="checkbox"/> | <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |

Please attach to this form a copy of your DPO certificate (checking the box at right when you have done so). If including an electronic attachment, list the name of the attachment in the space below.

Please attach a copy of a valid Government-issued photo ID (checking the box at right when you have done so). If including an electronic attachment, list the name of the attachment in the space below.

Instructors.

5. Type of Instructor Certificate Held, Issuing Authority, and Expiration Date.

List the issuing authority for your Instructor Certificate or approval (e.g. "the OSVDPA.") _____
 List the date your Instructor Certificate was issued and its expiration date:

| | |
|--------------------------------|-------------------------------------|
| <i>Issue Date (MM/DD/YYYY)</i> | <i>Expiration Date (MM/DD/YYYY)</i> |
|--------------------------------|-------------------------------------|

Please attach to this form a copy of your Instructor certificate (checking the box at right when you have done so). If including an electronic attachment, list the name of the attachment in the space below.

Please attach a copy of a valid Government-issued photo ID (checking the box at right when you have done so). If including an electronic attachment, list the name of the attachment in the space below.

If you do not have physical or electronic proof of your certification as a DP Instructor, list how the OSVDPA and verify your status below.

| | | | |
|------------------------|--|--|---------------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: N/A |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: N/A ED: YES Counsel: N/A Accountant: N/A | Page 3 of 6 |

Other Individuals Engaged in the DP Industry.

6. Type of Work Conducted and Evidence of Involvement in the DP Industry.

In the space below, provide a brief description of your involvement in the DP industry, i.e. list if you are an auditor, FMEA practitioner, Subject Matter Expert, or other DP professional and list examples of some of the projects you have participated in. If you prefer, attach your resume or CV to this form, if including an electronic attachment, list the name of the attachment in the space below.

Please attach to this form evidence that you have provided these services (or other services) to the DP industry for two (2) of the last five (5) years. If including an electronic attachment, list the name of the attachment in the space below.

Please attach a copy of a valid Government-issued photo ID (checking the box at right when you have done so). If including an electronic attachment, list the name of the attachment in the space below.

Training Providers.

7. Accreditations Held, Time Period, Locations, Point of Contact, and Election Representative.

Check the box(es) corresponding to the body or bodies that have issued your entity Accreditation to conduct DP training courses or assessments.

- The OSVDPA _____
Issue Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)
- The Nautical Institute _____
Issue Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)
- The DNVGL _____
Issue Date (MM/DD/YYYY) Expiration Date (MM/DD/YYYY)

In the space below, please list the physical locations of your training facilities (city, state, and country).

Please provide how many DP courses your organization has conducted in the last year and how many DP instructors you currently employ or contract with. _____
Courses Instructors

Please list the name and email address for your Point of Contact (see definitions). _____
Name Email

Please list the name and email address for your Election Representative (see definitions). _____
Name Email

Please list the name and email address for your Account Holder (see definitions). _____
Name Email

| | | | |
|------------------------|--|--|---------------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: <i>N/A</i> |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: <i>N/A</i> ED: YES Counsel: <i>N/A</i> Accountant: <i>N/A</i> | Page 4 of 6 |

Vessel Operators.

8. Number and Type of Vessels Operated, Mariners Employed, Point of Contact, and Election Representative.

Please check the box below corresponding to the approximate size your organization's DP fleet and the types of vessels your organization operates (check all that apply).

- | | | | | | | | | | |
|----------------------|--------------------------|------------------------|--------------------------|---------------------------------------|--------------------------|-----------------|--------------------------|------------------------------|--------------------------|
| 1 to 6 Vessels | <input type="checkbox"/> | Drillships / Semisubs. | <input type="checkbox"/> | Construction (Heavy Lift / Pipelayer) | <input type="checkbox"/> | FPSOs | <input type="checkbox"/> | Logistics (OSVs / crewboats) | <input type="checkbox"/> |
| 7 to 20 Vessels | <input type="checkbox"/> | Well Stimulation | <input type="checkbox"/> | MPSV (i.e. DSV, IMR, LCV, etc.) | <input type="checkbox"/> | Seismic | <input type="checkbox"/> | Accommodation | <input type="checkbox"/> |
| 20 to 60 Vessels | <input type="checkbox"/> | Dredging | <input type="checkbox"/> | Service Operation Vessel (SOV) | <input type="checkbox"/> | Shuttle Tankers | <input type="checkbox"/> | Anchor Handlers (AHTS) | <input type="checkbox"/> |
| More than 60 Vessels | <input type="checkbox"/> | Yacht | <input type="checkbox"/> | Cruise Ships | <input type="checkbox"/> | Research | <input type="checkbox"/> | Other | <input type="checkbox"/> |

Please list the locations or regions of the world your company operates?

Estimate the number of DPOs or Prospective DPOs that your organization employs.

Please list the name and email address for your Point of Contact (see definitions).

Name

Email

Please list the name and email address for your Election Representative (see definitions).

Name

Email

Please list the name and email address for your Account Holder (see definitions).

Name

Email

Other Entities Engaged in the DP Industry.

9. Services Provided to DP Industry.

In the space below, provide a brief description of your organization's involvement in the DP industry, i.e. list if your organization performs DP audits, drafts FMEAs, ASOGs, manufactures DP systems or subsystems, or performs other services and list examples of some of the projects your organization has participated in. If you prefer, attach a brochure or related document, if including an electronic attachment, list the name of the attachment in the space below.

Please attach to this form evidence that your organization has provided these services (or other services) to the DP industry for five (5) years. If including an electronic attachment, list the name of the attachment in the space below.

- | | | | | |
|---|-----|--------------------------|----|--------------------------|
| Does your entity perform DP auditing services? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Does your entity perform or seek to perform DP auditing for the OSVDPA? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Please list the name and email address for your Point of Contact (see definitions).

Name

Email

Please list the name and email address for your Election Representative (see definitions).

Name

Email

Please list the name and email address for your Account Holder (see definitions).

Name

Email

| | | | |
|------------------------|--|--|--------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: N/A |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: N/A ED: YES Counsel: N/A Accountant: N/A | Page 5 of 6 |

Waivers.

10. Request a Waiver. Entities and individuals that do not meet any of the sections above may request a waiver for membership under Section 6.7 of OSVDPA MEM-1-CV. List your justification for a waiver in the space below.

Signature.

In signing, I acknowledge that I have reviewed OSVDPA MEM-1-001, the OSVDPA Manual of Membership Policies and Procedures and Form MA-1-001, the OSVDPA Membership Application and understand the rights and requirements of OSVDPA Membership, and the information contained in the form above. In answering the form, I have provided the most accurate information possible.

Signature: _____ Date: _____
MM/DD/YYYY

Printed Name: _____

*For those applying for Corporate Membership, the individual listed here, must be a Principal (see Definitions below).

Definitions and Instructions.

Definitions.

Designated Account Holder. The person named by a Corporate Member (See below) as receiving invoices and all other financial contacts from the OSVDPA.

DP Experience. An amount of time (measured in calendar days) spent working as a DPO, an engineer or Electro-Technical Officer (ETO) on a DP-equipped vessel or working in a related DP profession, including: DP instructor, OSVDPA-approved assessor, DP surveyor, DP consultant, DP superintendent, or DP supervisor.

Dynamic Positioning Operator (DPO). An individual certified as a dynamic positioning operator by the OSVDPA, the Nautical Institute, or a DNVGL-approved DPO certification program.

Prospective DPO. An individual currently progressing through a DPO certification program.

Election Representative. The person designated by a Corporate Member to act on the Corporate Member's behalf in OSVDPA elections, including making nominations and participating in elections.

Member. An entity or an individual meeting the applicable below definition which are referred to as "Non-Voting Members" by the OSVDPA By-Laws. As specified under Section 4.2 of the OSVDPA By-Laws, this form's reference to Non-Voting Members as "Members" does not provide these entities and individuals with rights beyond what is specified in this Manual and the OSVDPA By-Laws.

Member (Corporate). A legal entity that has applied, and been added to the Membership Directory by OSVDPA Board of Directors after verifying the entity is in good-standing with the OSVDPA, has paid its dues for the current year, and meets the applicable criteria. Together with Individual Members, the Directors, and individuals on the OSVDPA Technical Advisory Council, Corporate Members shall represent the Members of the OSVDPA as described by Section 4.2 of the OSVDPA By-Laws.

Member (Individual). A natural person who has applied for and been added to the Membership Directory by OSVDPA Board of Directors after verifying the individual is in good-standing with the OSVDPA, has paid his or her dues for the current year, and meets all of the criteria. Together with Corporate Members, the Directors, and individuals on the

| | | | |
|------------------------|--|--|---------------------------|
| Membership Application | Version 2 (V. 1 and 2 accepted) | Date Effective: November 1, 2018 | Section: N/A |
| | Prepared by: ACS Prepared Date: October 25, 2018 | Approved/Reviewed by: BoD: YES TAC: N/A ED: YES Counsel: N/A Accountant: N/A | Page 6 of 6 |

OSVDPA Technical Advisory Council, Individual Members shall represent the Members of the OSVDPA as described by Section 4.2 of the OSVDPA By-Laws.

Membership Representative. An individual elected by either the Corporate Members or Individual Members to represent the Members on the OSVDPA Technical Advisory Council.

Offshore Service Vessel Dynamic Positioning Authority Technical Advisory Council (OSVDPA TAC). A group of DP industry professions elected by the OSVDPA Membership or appointed by the OSVDPA Board of Directors to advise the OSVDPA Board of Directors concerning the creation and updating of the OSVDPA's standards and certification requirements.

Point of Contact. An individual with knowledge of and ability to answer OSVDPA questions about the entity's business and operation.

Principal. A representative of the training provider, vessel operator, or other OSVDPA partnering entity who is authorized to contractually obligate the entity.

Instructions for completing this form and the application process.

1. Complete the applicable sections.
2. Once the form is completed email the form to the OSVDPA's Administrator, at JoAnne.Lewis@osvdpa.org (ensure you include all attachments and the file names match with the list file names on the form).

Note. If the application is only being submitted by mail to the OSVDPA, please include a completed copy of the form and all required attachments in the application package. The application package should be mailed to the following address:

OSVDPA
201 St. Charles Ave.
Suite 114-274
New Orleans, LA 70170

3. Once all of the above is received, the OSVDPA Board of Directors or its designee shall review the application (in its entirety) and revert with a membership decision.
4. If the application is approved, you will receive an invoice for membership dues, you will not be allowed to participate in membership activities until this invoice is paid.
5. The OSVDPA welcomes any questions or concerns of applicants. Questions may be directed to the email address listed above or made via phone at +1 (504) 528-9414.

Record of Change.

Significant Changes from Version 001.

This form was completely rewritten.