

# MANAGEMENT SYSTEM CERTIFICATE

Certificate No:  
**n1696085-III**  
DNV Id No:  
**10062140**  
Date of issue:  
**2022-02-08**

## Particulars of Company <sup>1</sup>

Company Name: **Fagskolen Møre og Romsdal Studiested Ålesund**

Company Address: **Fogd Greves vei 9  
6021 Ålesund  
NORWAY**

## Branch offices, if applicable

Name	Address
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## This is to certify:

That the management system of the company has been audited and that it complies with the requirements of:

## Standard for Certification DNV-ST-0029 Maritime Training Providers

### Areas of Activity/Capacity of Training Provider:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Maritime Training Centre | <input type="checkbox"/> Maritime Simulator Centre | <input checked="" type="checkbox"/> Maritime Academy |
| <input type="checkbox"/> Offshore Training Centre | <input type="checkbox"/> Offshore Simulator Centre |  |

This Certificate is valid until **2024-11-13**, subject to annual verification.

Completion date of audit on which this Certificate is based: **2019-11-01**

Issued at **Fogd Greves vei 9  
6021 Ålesund  
Norway, Norway** on **2022-02-08**



for **DNV**

*This document is signed electronically in accordance with IMO  
FAL.5/Circ.39/Rev.2. Validation and authentication can be obtained from  
trust.dnv.com by using the Unique Tracking Number (UTN):*

**n1696085-III and ID: 10062140**

**Arnstein Ytterland**

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<sup>1</sup> See paragraph 1.1.2 of the ISM Code.



**Endorsement for annual audits**

THIS IS TO CERTIFY:

That during an annual audit, as required by the Standard, the Management System was found to comply with the relevant requirements of the Standard.

First annual audit: Place: **Campus Nørve, Norway** Date: **2021-02-03**



Signature: **Arnstein Ytterland**

Second annual audit: **Fogd Greves vei 9**  
**6021 Ålesund**  
Place: **Norway, Norway** Date: **2022-02-08**



Signature: **Arnstein Ytterland**

Third annual audit: Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp

Fourth annual audit: Place: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Stamp