

**UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE (SSCEC)
NOTIFICATION OF 30 DAY EXTENTION**

1. SHIP NAME:	2. HULL NUMBER:	3. SHIP HOMEPORT:
4. SHIP'S POINT OF CONTACT INFORMATION		
a. NAME (LAST, FIRST, MI):	b. PHONE (DSN): (COMM):	c. EMAIL:
5. INSPECTOR CONTACT INFORMATION		
a. NAME (LAST, FIRST, MI):	b. PHONE (DSN): (COMM):	c. EMAIL:
d. COMMAND UIC:	e. COMMAND NAME:	
6. EXPIRATION DATE OF EXISTING CERTIFICATE (DD -MMM-YYYY):		
7. SSCEC EXTENSION ISSUED (DD-MMM-YYYY):	8. SSCEC EXTENSION EXPIRATION (DD-MMM-YYYY):	
9. INSPECTOR'S SIGNATURE:		

ORIGINAL: Provide to Ship **COPY 1:** Upload to STARS at: <https://olb.navy.awesp.health.mil/sites/nmcphc/STARS/default.aspx> **COPY 2:** Inspector's File