



DET NORSKE VERITAS
SAFETY MANAGEMENT CERTIFICATE

DNV Ship Id. No.:
24037
DNV Company No.:
195724
Certificate number:
024037/070711F

Issued under the provisions of the INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974, as amended
Issued under the authority of the Government of:

THE REPUBLIC OF THE MARSHALL ISLANDS

by Det Norske Veritas

Name of ship: "DEEPWATER HORIZON"
Distinctive number or letters: 2213
Port of Registry: MAJURO
Type of Ship*: Mobile offshore drilling unit
Gross Tonnage: 32588
IMO Number: 8754597
Name and address of the Company:
(as per ISM Code sec. 1.1.2) Transocean Offshore Deepwater Drilling Inc.
Four Greenway Plaza
Houston, Texas 77046
USA

THIS IS TO CERTIFY THAT the safety management system of the ship has been audited and that it complies with the requirements of the International Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code), following verification that the Document of Compliance for the Company is applicable to this type of ship.

The Safety Management Certificate is valid until 2012-05-16 subject to periodical verification and the validity of the Document of Compliance remaining valid.

Completion date of the audit on which this certificate is based: 2007-05-16

Issued at: Hovik, Norway
Date of Issue: 2007-07-11



Olvind N. Bråten
Head of Section

* Insert the standard IMO ship type.

DET NORSKE VERITAS, VERITASVEIEN 1, NO-1322 HOVIK, NORWAY, TEL INT: +47 67 57 00 00, TELEFAX: +47 67 57 98 11
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Page 1 of 2

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**ENDORSEMENT FOR PERIODICAL VERIFICATION AND ADDITIONAL VERIFICATION
(IF REQUIRED)**

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.8 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

Intermediate Audit range: 2009-05-16 to 2010-05-16
(yyyy-mm-dd) (yyyy-mm-dd)

Intermediate Verification
(To be completed between the second and third anniversary dates)

Signed _____

Place: _____

Date: _____

Additional Verification*

Signed _____

Place: _____

Date: _____

Additional Verification*

Signed _____

Place: _____

Date: _____

Additional Verification*

Signed _____

Place: _____

Date: _____

*If applicable, Reference is made to the relevant provisions of section 3.2 "Initial Verification" of the Revised Guidelines on Implementation of the International Safety Management (ISM) Code by Administrations adopted by the Organization by resolution A.913(22). RK
HN