

DIVISION OF MARITIME AFFAIRS

| PARTICULARS OF THE APPLICANT |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Full Name (Last name / First name) |  |  |  |  |
| Date of Birth (dd/mm/yy) |  |  | Sex (M) (F) |  |
| Address <br> Residential address - for an individual; <br> Registered office address - for a corporate body; |  |  |  |  |
| Telephone/Mobile Number(s) |  |  | Fax Number |  |
| E-mail address |  |  |  |  |
| Grade of Licence applied for. | Protected waters <br> Coastal waters <br> Exposed waters | Grade 3 <br> Grade 2 <br> Grade 1 | Previous Maritime Experience | $\begin{aligned} & \text { Yes.[ } \\ & \text { No. } \end{aligned}$ |
| If answer to the above question is "yes", please provide details of maritime experience <br> (Attach copies of testimonials/certificates) |  |  |  |  |
| Person of Contact (P.O.C.) in case of emergency |  |  | Telephonel Mobile Number(s) |  |
| MEDICAL INFORMATION <br> (Attach valid Medical Certificate) | Do you suffe Do you suffe Do you have | mearin fom any paired vis | $\begin{array}{ll}  & \text { Yes.L } \\ \text { sorder } \\ & \text { Yes. } \\ & \text { Yes. } \end{array}$ |  |
| If answer to any of the above questions is "yes", please provide details. |  |  |  |  |

## Declaration:

I hereby affirm that the information provided on this application form is true and complete.

## Signature of Applicant

[^0]Date (dd/mm/yy)


## Requirements for Obtaining New Captain License

| Coxswain Certificate | $\square$ | Two Testimonials | $\square$ | First Aid Certificate |
| :--- | :--- | :--- | :--- | :--- |$\quad \square$| Two passport-sized photographs | $\square$ | Medical certificate (Provided by <br> Admnistration) | Certificate of Character/ <br> Police Record |
| :--- | :--- | :--- | :--- |

## Requirements for Renewal of Captain License

- Medical Certificate
- First Aid Certificate
- Two passport size photos
- Certificate of Character/ Police Record


[^0]:    When completed you should send this form, together with the appropriate fee and supporting documents (if required) to:
    Director of Maritime Affairs
    Saint Lucia Air and Sea Ports Authority
    P.O. Box 651

    Manoel Street
    Castries
    Telephone: 452-2893/4
    Fax: 453-0889/452-2062
    E-mail: maritime@slaspa.com

