

DIVISION OF MARITIME AFFAIRS

(SLASPA) Application For Operators/Boat Masters License

> Passport photo ×2

PARTICULARS OF THE APPLICANT						
Full Name (Last name / First name)						
Date of Birth (dd/mm/yy)			Sex (M) (F)			
Address Residential address – for an individual;						
Registered office address – for a corporate body;						
Telephone/Mobile Number(s)			Fax Number			
E-mail address						
Grade of Licence applied for.	Protected waters	Grade 3	Previous	Yes No		
	Coastal waters Exposed waters	Grade 2 Grade 1	Maritime Experience			
If answer to the above question is "yes", please provide details of maritime experience (Attach copies of testimonials/certificates)			·			
Person of Contact (P.O.C.) in case of emergency			Telephone/ Mobile Number(s)			
MEDICAL INFORMATION	Do you suffer f	rom hearing loss	Yes	No		
(Attach valid Medical Certificate)	Do you suffer from any mental disorder Yes No Do you have impaired vision Yes No					
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			Date (do	/J/mm/yy)		

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

Date (dd/mm/yy)					
OFFICIAL USE ONLY					
Entry in Register book made on					
/(mm/d/y) At(time).					
By Officer (print name)					

Requirements for Obtaining New Captain License

Coxswain Certificate	Two Testimonials	First Aid Certificate	
Two passport-sized photographs	Medical certificate (Provided by Admnistration)	Certificate of Character/ Police Record	

Requirements for Renewal of Captain License

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