

APPLICATION FOR A WATERCRAT LICENCE TO PLY FOR HIRE

1.	1.					
PARTICULARS OF THE APPLICANT/OPERATOR						
Full Name (s)						
Address (es)						
(Residential address – for individual;						
Registered office address - for body						
corporate; principal place of business						
- for a statutory body or foreign body						
corporate	-					
Telephone number(s)	Fax number (s)					
E-mail address/website						
2.						
PARTICULARS OF THE OWNER	VNER		ICULARS OF THE PREVIOUS OWNER			
Full Name(s)						
Address (es)						
(Residential address – for individual;						
Registered office address - for body						
corporate; principal place of business						
 for a statutory body or foreign body 						
corporate						
Telephone number(s)						
E-mail address/website						
Fax number (s)						
Do you currently own/operate a vessel(s) plying for	e a vessel(s) plying for hire?*		No			
Name of vessel(s)						
Carrying Capacity	Area of C	Area of Operation				
(Manufacture Specific)						
Local Trade	Number	Number of Crew				
Certificate/License number	members	members				
Have you benefited from Duty Free Concessions on the above name or any other Yes No						
vessel(s)?						
If yes, please provide details including date(s) issued in the event that the vessel has been sold, provide name, address and						
telephone number of buyer*						

3.

1

DETAIL OF ACTIVITY

Provide brief details (including exact geographical location) of intended operation and location of office*

*Kindly use additional sheets if required.

4.			
PARTICULARS OF VESSEL			
Vessel Name/Type			
Previous Name (if any)			
IMO/HIN/Caribbean Number (if		Radio Call	
known) (Delete as appropriate)		Signs (if any)	
Hull Construction Material		Gross	
		Tonnage	
Engine Type		Length	
No. of Engines		Beam	
No. Of Crew Members	Carrying Capacity	Draft	
VESSEL COLOURS			
Superstructure		Hull	
Interior Colour		Bottom	
		Colour	
Sail Colour		Stripes	
5.			
SIGNATURE			

Place	Signature of Witness	
Date	Full Name of Witness	
Signature of Owner In the case of a body corporate an authorized officer of the body corporate	Address of Witness	

THIS FORM SHOULD BE SUBMITTED TO THE SAINT LUCIA AIR AND SEA PORTS AUTHORITY ALONG WITH:

- Valid Police Record/Certificate(s) of Character of Captain/Master and Crew
- Valid Medical Certificate(s) of Captain/Master and Crew
- Proof of Certification of Character of Captain/Master and Crew
- Clearance from National Insurance Corporation
- Clearance from Inland Revenue Department
- Clearance from Customs and Excise Department
- Valid Insurance Cover Note including public liability coverage
- Copy of Vessel Certificate of Registry
- Copy of Vessel inspection Certificate
- Photograph of Vessel with view from the stern
- Photograph of vessel with view of name and registration number

General Manager

Saint Lucia Air and Sea Ports Authority, Manoel Street, P. O. Box 651, CASTRIES Tel: (758) 457-6100 Fax: (758) 457-6190Email: <u>info@slaspa.com</u>

FOR OFFICIAL USE ONLY						
Date Received/ (dd/mm/yy)	Date Reviewed/ (dd/mm/yy)					
At time	Approved					
	Not Approved \Box					
	Deferred 🛛					
By Officer						
(Print Name)						