

E-mail: maritime@slaspa.com

DIVISION OF MARITIME AFFAIRS

(SLASPA)
Application For Operators/Engineering Licence

Passport photo x2

By Officer (print name).....

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.	Coastal waters Exposed waters	Grade 2 Grade 1	Previous Maritime Experience	Yes No			
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 (Attach valid Medical Certificate)	Do you suffer from hearing loss Yes						
If answer to any of the above questions is "yes", please provide details.							
Declaration:							
I hereby affirm that the information pro	vided on this application	on form is true a	and complete.				
Signature of Applicant	of Applicant			Date (dd/mm/yy)			
When completed you should send this form, together with the appropriate fee and supporting documents (if required) to:			OFFICIAL USE ONLY				
Director of Maritime Affairs Saint Lucia Air and Sea Ports Authority			Entry in Register book made on				
P.O. Box 651 Manoel Street Castries Telephone: 452-2893/4 Fax: 453-0889/452-2062			A	// (mm/d/y) t(time).			

Requirements for Obtaining New Engineer License

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

Requirements for Renewal of Engineer License

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