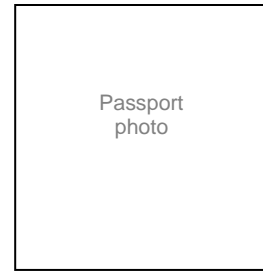




DIVISION OF MARITIME AFFAIRS
 (SLASPA)
 Application For Crew Member Licence



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			
Details of experience (Attach copies of testimonials)			
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.....	No.....
	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 (dd/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: 457-6151/2
 Fax: 453-0889
 E-mail: maritime@slaspa.com

OFFICIAL USE ONLY Entry in Register book made on ____/____/____ (mm/d/y) at _____(time). By Officer (print name).....
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