

4.

PARTICULARS OF VESSEL			
Vessel Name/Type			
Previous Name (if any)			
IMO/HIN/Caribbean Number (if known) (Delete as appropriate)		Radio Call 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) 457-6190 Email: info@slaspa.com

FOR OFFICIAL USE ONLY	
Date Received ___/___/___ (dd/mm/yy)	Date Reviewed ___/___/___ (dd/mm/yy)
At _____ time	Approved <input type="checkbox"/>
	Not Approved <input type="checkbox"/>
	Deferred <input type="checkbox"/>
By Officer (Print Name)	