

DIVISION OF MARITIME AFFAIRS OF SAINT LUCIA
REFERENCE FORM

1. Particulars of Referee: (please use block letters)

Title:	Surname:	Given Name(s):
Relationship to Applicant:		
Current Employer/ Supervisor <input type="checkbox"/> Past Employer / Supervisor <input type="checkbox"/> Colleague <input type="checkbox"/> Job Title _____		
Other _____		
<i>(Please note that the Division of Maritime Affairs is unable to accept Testimonials from close relatives of the Applicant.)</i>		
Company Name and Address (if applicable):		Company Stamp:
Contact details:		
Tel:		Email:

2. Details of Applicant's Character:

Kindly give brief details of the Applicant's character.

3. Details of Applicant's Experience:

Kindly give brief details of the Applicant's experience as a Boatmaster, including the number of years of experience.

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4. Declaration by Referee:

I _____, the undersigned, declare that the applicant
_____, is known to me personally, and I recommend that he/she may be
considered for issuance of a Boat Master's License.

.....
Signature of Declarant

.....
Date

FOR OFFICIAL USE ONLY:

Confirmation of Receipt	
Date received:	Receiving Officer: