

ST. VINCENT AND THE GRENADINES MARITIME ADMINISTRATION

APPLICATION FOR MANNING EXEMPTION - YACHTS.

Application for a SVG registered yacht to be exempted from the national manning requirements

Yacht:	Off. No:	IMO No:
for an exemption from the requirement to	carry an officer in the	position of:
T		1
for a period of not more than 6 months fro	om the date of issue, f	or the reason (s) as follows:
and request that the officer as indicated be	elow be approved for	the position as stated above
Full name of Officer		
Date of Birth (dd/mmm/yyyy)		
Grade of Certificate of Competency		
Certificate Number		
ame of Issuing Authority		
nolds experience appropriate to the rank a The following are enclosed with this appli	nd that I recommend	
The following are enclosed with this appliance Copy of Certificate of Competency	nd that I recommend	
The following are enclosed with this appliance of Competency Copy of Certificate of Competency Copy of passport	nd that I recommend	
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Copy of Certificate of Competency Copy of passport Copy of current medical certificate Record of sea service / experience / t	nd that I recommend ication:	this officer for the said pos
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Copy of Certificate of Competency Copy of passport Copy of current medical certificate Record of sea service / experience / t Statement that the individual will see	nd that I recommend ication:	this officer for the said positive to rank requested
Copy of Certificate of Competency Copy of passport Copy of current medical certificate Record of sea service / experience / t Statement that the individual will see Applicant's Name: Γel/Fax:	estimonials ek certification approp	this officer for the said positive to rank requested
Copy of passport Copy of current medical certificate Record of sea service / experience / t	estimonials ek certification approp	this officer for the said positive to rank requested
holds experience appropriate to the rank a The following are enclosed with this appli Copy of Certificate of Competency Copy of passport Copy of current medical certificate Record of sea service / experience / t Statement that the individual will see Applicant's Name: Tel/Fax: Date(dd/mmm/yyyy):	estimonials ek certification approp	pany:

Comments (if any)		
Application approved: YES	NO	Date:
Signature of Authorized Person:		