

Ship Sanitation Certificate Application Form (Engels)

Ship Details

Name of Ship: _____
Flag: _____
IMO No.: _____
GT: _____
Year of Construction: _____
Type of Ship: _____
No. of Passengers: _____
No. of Crew Members: _____
Cargo Type: _____

Shipping Company/Agent Details

Name of Shipping Company: _____
Address: _____
Postcode + Town/City: _____
Telephone No.: _____
E-mail Address: _____
Website: _____
Name of Contact Person: _____
Mobile Telephone No.: _____
Correspondence Address (if different to visiting address): _____
Correspondence Address Postcode + Town/City (if different to visiting address): _____

Invoice Address

Name: _____
Street/P.O. Box: _____
Postcode: _____
Town/City: _____
Country: _____

Ship Sanitation Certificate Inspection Information

Arrival Date: _____
Departure Date: _____
Name of Moorings: _____
Port No.: _____
Berth No.: _____
Ship accessible by car: Yes/No
Special Details (e.g. oil storage, refinery, hazardous substances, etc.): Yes/No
Previous Port: _____
Next Port: _____

Current Certificate: Exemption Certificate / Control Certificate / Deratting Certificate

Expiry Date for Current Certificate _____

Please indicate whether any of the following are present on board the ship:

- swimming pool/spa
 pets or animals
 other _____

Fax or e-mail this application form to: *(state local GGD details)*