



Passport  
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## DIVISION OF MARITIME AFFAIRS (SLASPA)

Application For Operators/Boat Masters Licence

PARTICULARS OF THE APPLICANT			
<b>Full Name (Last name / First name)</b>			
<b>Date of Birth (dd/mm/yy)</b>		<b>Sex (M) (F)</b>	
<b>Address</b> Residential address – for an individual;  Registered office address – for a corporate body;			
<b>Telephone/Mobile Number(s)</b>		<b>Fax Number</b>	
<b>E-mail address</b>			
<b>Grade of Licence applied for.</b>	<b>Protected waters</b>	<b>Grade 3</b>	<b>Previous Maritime Experience</b> Yes..... No.....
	<b>Coastal waters</b>	<b>Grade 2</b>	
	<b>Exposed waters</b>	<b>Grade 1</b>	
<b>If answer to the above question is “yes”, please provide details of maritime experience</b> (Attach copies of testimonials/certificates)			
<b>Person of Contact (P.O.C.) in case of emergency</b>		<b>Telephone/ Mobile Number(s)</b>	
<b>MEDICAL INFORMATION</b> (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.....
<b>If answer to any of the above questions is “yes”, please provide details.</b>			

**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: 453-0889/452-2062  
E-mail: [maritime@slaspa.com](mailto:maritime@slaspa.com)

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Entry in Register book book made on

\_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/d/y)  
at \_\_\_\_\_ (time).

By Officer (print name).....