amp_logo_oficina

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| --- | --- | --- |
| **Date:** |  | |
|  |  | | |
| We,      , are the crew management company of the below described vessel and we kindly request the issuance of a dispensation letter: | | | |
|  | |  | |
| **Vessel Name:** | |  | |
|  | |  | |
| **Call Sign:** | |  | |
|  | |  | |
| **IMO Number:** | |  | |
|  | |  | |
| **Registry Number:** | |  | |
|  | |  | |
| **Gross Tonnage:** | |  | |
|  | |  | |
| ***Reason*** | | ***Required Information*** | |
| ***Medical Reasons***  ***(Not applicable for Master and Chief Engineer)*** | | * Crew List * Valid Certificate of Registry * Medical Report and Master Report * Minimum Safe Manning Certificate | |
| ***Family Reasons***  ***(Not applicable for Master and Chief Engineer)*** | | * Crew List * Valid Certificate of Registry * Medical Report or Master Report * Minimum Safe Manning Certificate | |
| ***Special Circumstances***  **(Not applicable for Master and Chief Engineer)** | | * Crew List * Valid Certificate of Registry * Medical Report or Master Report * Minimum Safe Manning Certificate | |
| ***Force Majeure*** | | * Crew List * Valid Certificate of Registry * Company Report * Master Report or Medical Report * Minimum Safe Manning Certificate | |
| ***Submit in addition to the above required information depending on the reason (for ship´s cook dispensation, only)*** | | * Maritime Labour Certificate (in force) * Financial Security under Regulation 2.5, Standard A2.5.2 (Repatriation) and Regulation 4.2, Standard A4.2.1 (Shipowners´ Liability) of the Maritime Labour Convention (MLC 2006), as amended (in force) * Panamanian license of the ship´s cook to be dispensed * Panamanian license of the non-fully qualified cook to whom will be permitted to serve in the specified ship * Document certifying the training or instruction received by the non-fully qualified cook in areas including food and personal hygiene as well as handling and storage of food on board ship | |

Table No. 1

**Reason Description:**

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| --- | --- |
|  |  |
|  |  |
| **Name of the Crew Member who will be disembark**: |  |
|  |  |
| **Capacity of the Crew Member who will be disembark**: |  |
|  |  |
| **Departure Port:** |  |
|  |  |
| **Estimated Time of Departure:** |  |
|  |  |

|  |  |
| --- | --- |
| **Arrival Port:** |  |
|  |  |
| **Estimated Time of Arrival:** |  |
|  |  |
| **Full Address of the Company:** |  |

***\*\*For a prompt response, please revert this application filled out and attached documents as soon as possible.***