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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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|       |

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| --- | --- |
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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.***