|  |  |
| --- | --- |
| **Date:** |  |
|  |  |
| We,      , are the crew management company of the below described vessel and we kindly request the issuance of an authorization letter: |
|  |  |
| **Vessel Name:** |       |
|  |  |
| **Call Sign:** |       |
|  |  |
| **IMO Number:** |       |
|  |  |
| **Registry Number:** |       |
|  |  |
| **Gross Tonnage:** |       |
|  |  |
| ***Reason*** | ***Required Information***  |
| ***[ ] Single Voyage for Delivery*** | * Crew List
* Valid Certificate of Registry
* Home country License
* Minimum Safe Manning Certificate
 |
| ***[ ] Seafarer´s technical documentation damage or loss*** | * Crew List
* Valid Certificate of Registry
* Home country License
* Minimum Safe Manning Certificate
 |
| ***[ ] Personal Offshore technical documentation damage or loss*** | * Crew List
* Valid Certificate of Registry
* Home country License
* Minimum Safe Manning Certificate
 |
| ***[ ] Special Circumstances*** | * Crew List
* Valid Certificate of Registry
* Home country License
* Minimum Safe Manning Certificate
 |

Table No. 1

**Reason description:**

|  |
| --- |
|  |

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