

MARITIME SAFETY AUTHORITY OF FIJI
Application for Dispensation

I/We.....
 the owner(s)/Agent(s) of the ship
 which is ofGRT/NRT..... BHP/KW.....andLength,
 hereby apply for a Dispensation for
 aged Years, to act ason our ship which
 the normal requirement isCertificate.

Statement of service

Position Held	Ship	GRT/NRT	BHP/KW	Length	From	To

Reason(s) for request:

Signed..... Date/Time.....

FOR OFFICIAL USE ONLY

Date/Time Received:..... Fees Paid:.....

Certificate of Competency:..... Date Issued:.....

Supplementary Courses attended & Certificate(s) obtained:.....

Oral/Practical Examination(s) and/or Recommendations:.....

Examiner: Signature:.....

Existing or recent Dispensation for this Officer or Ship Owner/Agent:.....

Dispensation Issued/Approved and Conditions:.....

Manager Qualifications & Licensing/Senior Examiner(Deck/Engineer)