

	GOVERNMENT OF ANTIGUA AND BARBUDA DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING (ADOMS) Application for Seafarers Documents	Document	FO-SD01
		Revision	01
		Page	1 of 1
		Reference	ARP-SD01

1. Boatmaster 1 <input type="checkbox"/>	2. Boatmaster 2 <input type="checkbox"/>	3. Boatmaster 3 <input type="checkbox"/>
4. Boat Engineer 1 <input type="checkbox"/>		5. Boat Engineer 2 <input type="checkbox"/>
6. Seafarers Book <input type="checkbox"/>	7. Endorsement: Deck <input type="checkbox"/>	Engine <input type="checkbox"/> Radio <input type="checkbox"/>
8. New Issue <input type="checkbox"/>	9. Renewal <input type="checkbox"/>	10. Replacement <input type="checkbox"/>
11. Vessel Name, Tonnage and Power		
PERSONAL DATA OF APPLICANT		
12. Family Name		13. Given Name(s)
14. Date of Birth - DD/MM/YYYY	15. Height - meters	16. Weight - kilograms
18. Hair Colour	17. Complexion	19. Eye Colour
20. Phone		21. Passport Number
22. E-mail		
23. Address		24. Person to notify in case of emergency – name, address, contact information
MEDICAL FITNESS		
25. Medical Practitioner	26. Place of Issue	27. Date of Issue
BASIC SAFETY TRAINING		
28. Certificate(s) issued by		29. Date of Issue
30. Applicant signature (do not touch the lines)		

Ensure all boxes are filled. Use a dash (-) if not applicable or where applicable

<u>FOR OFFICIAL USE ONLY</u>	Date	Checked by (Name)	Signature
	Remarks:		