COMOROS MARITIME ADMINISTRATION



National Agency of Maritime Affairs

Maritime Affairs Department, The Government of Union of Comoros The Same Building of Ministry of Transport, BP 97 Moroni, Union of Comoros Tel: +269 33 88 273/+269 34 37 145 Email: info@comorosmaritime.org

APPLICATION FOR CREW DISPENSATION LETTER

PART 1 – VESSEL'S PARTICULARS					
Vessel Name	IMO No.		Call Sign		
Gross Tonnage	Power (KW)		Type of Vessel		
PART 2 – REASON OF REQUEST					
□ Medical Reason (Attach Medical & Master's Report)					
□ Family Reasons (Attach Master's Report)					
Expiring License (Attach Expiring Certificate)					
Special Circumstances (Specify / Attach Proof & Master's Report)					
PART 3 – OWNER'S PARTICULARS					
Registered Owner		Registered Address			
Telephone		Email			
PART 4 – DESCRIPTION OF REQUEST					
Description of Reason:					
Crew Who Will Disembark (Name & Capacity):					
Port of Departure:					
Estimated Time of Departure:					
Crew Who Will Cover the Position (Name & Capacity):					
Next Port of Arrival:					
Estimated Time of Arrival:					
PART 5 – MANDATORY SUPPORTING DOCUMENTATION TO BE SUBMITTED					
Crew List					
Documents Required as per Part 2					
\Box Documentation of the Crew Who W	Vill Cover the Po	osition			

Date:

Name of Applicant¹:

Signature/ Stamp:

¹ I do hereby confirm that I am authorized person to act on behalf of the company and/or the Owner of the subject vessel as per Part 1 and that all information contained in this application is true and correct.

Issued by: Head of Technical Dpt.	Date - No. of Issue: 02/2020 – 1	info@comorosmaritime.org
CD_APPL_1.0	Date - No. of Amendment: 0	Page 1 of 1

