

PANAMA MARITIME AUTHORITY (AUTORIDAD MARÌTIMA DE PANAMÀ) GENERAL DIRECTORATE OF MERCHANT MARINE



(DIRECCIÓN GENERALDE MARINA MERCANTE) MARINE NAVIGATION DEPARTMENT

(DEPARTAMENTO DE NAVEGACION MARITIMA)

APPLICATION FORM FOR REGISTRATION

THE CURRENT APPLICATION FEE MUST BE SENT WITH THIS APPLICATION FORM (THE FEE IS NOT RETURNABLE)

COMPLETELY FILL - NO BLANK SPACES ALLOWED - DO NOT WRITE AS PER CV

I- PERSONAL DETAILS OF APPLICANT							
Title(Mr, Mrs,	Eng, Capt, etc.)					
Full Names (As	s per Passport)						
	, per : assper :						
Nationality			Date of birth	Date of birth			
Home address							
Wiodiie i none			C manning				
		OUT INSPECTIONS, ONLY ONE PORT: TED TO CARRY OUT INSPECTIONS:					
2- BUSINESS							
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Address							
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Postcode			e-mail:				
Tal Na			Fav. Na				
Tel. No							
Widdle Fridrie			NERAL EDUCATION				
			g. for college/university	entrance)			
From	То	Educational establish		Grade			

4- TECHNICAL AND ACADEMIC QUALIFICATIONS								
(Supported by documentary evidence)								
Year	Aw	ard	Course/Subjects	Qualifying Authority				
5-MEMBERSHIP OF ANY CLASS SOCIETY OR RECOGNIZED ORGANIZATION								
6- REGISTERED TRAINING COURSE DETAILS								
From	То		Name of organisation conducting the training	Title of course or training scheme				
110111			Traine of organisation conducting the training	The or course of training serience				
			7- REGISTER INFORMATION					
		Please	indicate with a cross sectors which can be supported by your	experience				
☐ All aspec	cts of IMO conv	ventions	☐ Safety management system	☐ Electrical system				
Safety of Navegation			MARPOL Annexes	☐ Hull and Machinery				
Fire Fighting System			Oily- water Separators	☐ Emergency Procedures				
Inert Gas Systems			☐ Crude Oil Washing/ Tankers	☐ Aspects of IMO codes				
Life Saving Equipment			Cargo Handling	☐ Loadline assigments				
all aspects of national laws and reg.			☐ Bunkering Procedures	☐ Bridge navigation and ccion				
			8-SEA/COMMERCIAL EXPERIENCE					
	1		in chronological order with present or most recent experienc					
From	To	Job title	Name of organisation	Details of experience related to sectors*				
month/Year	month/year							
* Further information can be submitted on an additional sheet								
9- DECLARATION								
I apply for ASI Inspector and agree to the publication in a register of all personal details and specifically fields of experience.								
I certify that the statements contained in this form are correct to the best of my knowledge and belief.								
Signed Applicant								
g 50pp//cc	- -							
Date								