

Ship Sanitation Certificate Application Form (Engels)

Ship Details

Name of Ship: -----
Flag: -----

IMO No.: -----
GT: -----
Year of Construction: -----
Type of Ship: -----
No. of Passengers: -----

No. of Crew Members:-----
Cargo Type: -----

Shipping Company/Agent Details

Name of Shipping Company: -----
Address: -----

Postcode + Town/City: -----
Telephone No.: -----

E-mail Address: -----
Website: -----
Name of Contact Person: -----
Mobile Telephone No.: -----
Correspondence Address (if different to visiting address):-----
Correspondence Address Postcode + Town/City (if different to visiting address): -----

Invoice Address

Name: -----
Street/P.O. Box: -----
Postcode: -----
Town/City: -----
Country: -----

Ship Sanitation Certificate Inspection Information

Arrival Date: -----
Departure Date: -----
Name of Moorings: -----

Port No.: -----
Berth No.: -----
Ship accessible by car: Yes/No
Special Details (e.g. oil storage, refinery, hazardous substances, etc.): Yes/No

Previous Port: -----

Next Port: -----

Current Certificate: Exemption Certificate / Control Certificate / Deratting Certificate

Expiry Date for Current Certificate -----

Please indicate whether any of the following are present on board the ship:

- swimming pool/spa
- pets or animals
- other

E-mail this application form to: shipsanitation@dienstgezondheidjeugd.nl