|  |  |  |  |
| --- | --- | --- | --- |
| LAST NAME (Family Name) | NAME (Given Name) | MIDDLE INITIAL | DATE OF BIRTH |
|  |  |  |
| Day | Month | Year |
| PLACE OF BIRTH (City & Country) | NATIONALITYSYRIAN | PHYSICAL LIMITATIONS IF ANY- |
| SEAMANS BOOK NO./PASSPORT NO.  | EXPIRATION DATE  | SEXMALE

|  |
| --- |
|  |

 FEMALE  |
| PERMANENT ADDRESS OF APPLICANT (street, city and country) | **ADDRESS TO WHICH CERTIFICATE SHOULD BE FORWARDED.** |
| FOREIGN LICENSE OR**CERTIFICATES HELD** | CERTIFICATE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**EXPIRATION DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **FUNCTION** | **LEVEL** | **LIMITATION IF ANY** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  **CAPACITY** | **LIMITATIONS APPLYING *(if any)*** |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| AFFIDAVIT OF APPLICANT |
| I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended and **I acknowledge receipt of the maritime legislation of Belize relevant to my function onboard and confirm that I have read, understood and undertake to comply with same at all times.** |
| **NAME AND SIGNATURE OF APPLICANT** | **DESIGNATED OFFICE** | **DATE OF APPLICATION** |
|  |  |  |

F-008-EAF