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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LAST NAME (Family Name) | NAME (Given Name) | | | | MIDDLE INITIAL | DATE OF BIRTH | | | | |
|  | |  |  | |
| Day | | Month | Year | |
| PLACE OF BIRTH (City & Country) | NATIONALITY SYRIAN | | | | PHYSICAL LIMITATIONS IF ANY - | | | | | |
| SEAMANS BOOK NO./PASSPORT NO. | | | EXPIRATION DATE | | | | SEX MALE  |  | | --- | |  |  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** | | | | | |
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| **CAPACITY** | **LIMITATIONS APPLYING *(if any)*** |
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| 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to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended and  **I acknowledge receipt of the maritime legislation of Belize relevant to my function onboard and confirm that I have read, understood and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** |
|  |  |  |

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