SHIP STATION

TYPE:

- ☐ NEW

- ☐ RENEW
- ☐ MODIFY
- ☐ TEMPORARY
- ☐ CANCEL

Already in possession of license:

License number:	License number: Expiration date (d/m/y):
Country of issuance:	Class of license:

1.APPLICANT'S DETAILS	
1. Customer number	
2. Company/Applicant	
3. Nature of the company	
4. Chamber of Commerce number	
5. Company's email address	
6. Website	
7. Postal address	
8. Physical address	
9. Contact Person:	
Sure name	
Given names	
Title/ Department	
Fixed phone	
Mobile phone	
Fax number	
Email address	

2. TYPE NETWORK OR SERVICES
Class of license
Description of service

APPLICATION	
☐ Ship	☐ Coastal Ship

3. VESSEL INFORMATION	
Name of vessel	
Vessel type	
Vessel class	
Gross tonnage	
Length (meters)	
AAIC	
MMSI	
Registration number	
Docking/Mooring/Anchorage	
Call sign	

4. EQUIPMENT INFORMATION

	Manufacturer	Model	Serial number	Power
VHF				
H.F				
Radar				
Emg. radio				
Other equipment,				

5. PLEASE INDICATE ANY FUTHER DETAILS

6. APPLICANTS DECLARATION

I understand that any permit issued to me may be subsequently modified, suspended or cancelled without advanced notice. I warrant that all information submitted herein or herewith is true, correct and complete to the best of my knowledge. I commit to payment of fees invoiced related to this application to the BTPSXM.

Date signed (d/m/y):	Signature: