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**APPLICATION FOR SHIP SANITATION CERTIFICATE**

Vessel ………………………………………………………………………………………...

Type of Vessel.................................................................................................................

Agent …………………………………………………………………………………………..

GRT .............................……………………………………………………………………….

IMO Number .....................................................................................................................

Flag …………………………………………………………………………………………….

Previous port of call …………………………………………………………………………..

Next port of call ……………………………………………………………………………….

Anchorage: Alongside / Western/ Northern (select)

ETA DD /MM /YY HH:MM Hrs

Date/Time vessel will be ready for boarding DD /MM /YY HH:MM Hrs

In ballast (delete as appropriate) Yes/No). If ‘No’ nature of cargo..................................

Previous cargo……………………………………………………………………………......

Agent Contact Name and Number………………………………………………………….

Launch Name and Location………………………………………………………………….

Launch mobile number……………………………………………………………………….

For Office use only

Officers Conducting Inspection ……………………………………….

Number of Water Samples Taken Biological Chemical Full

Actual Date of Inspection ……………………………………….

Working Hours (Y/N) ……………………………………….

OT from/to ……………………………………….

Certificate Number ……………………………………….

Receipt Number ……………………………………….