



# APPLICATION FOR A GUYANA SEAFARER DISCHARGE BOOK

Maritime Administration Department

Ministry of Public Infrastructure

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PLEASE READ EACH SECTION CAREFULLY WHEN COMPLETING THIS FORM

Please complete all sections of this form using block capitals.

## 1. Personal Details

Given Name(s)	<input type="text"/>	Surname/ Family Name	<input type="text"/>
Date of Birth (DD/MM/YYYY)	<input type="text"/>	Place of Birth	<input type="text"/>
Country of Birth	<input type="text"/>	Nationality	<input type="text"/>
National Identity No. (Passport)	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Distinguishing Marks (If Any)	<input type="text"/>	Height	<input type="text"/>
		Colour of Eyes	<input type="text"/>
Vessel Name	<input type="text"/>	Official Number (If Known)	<input type="text"/>

## APPLICANT'S FULL HOME ADDRESS AND CONTACT INFORMATION

<i>Bldg Number &amp; Street Name</i>
<i>District</i>
<i>Town/City</i>
<i>County/State/Region</i>
<i>Postal Code/Zip Code</i>
<i>Country</i>
<i>Telephone</i>
<i>Email</i>

## 2. Next of Kin Details

Name of Next of Kin  Relationship

Telephone Number  Email Address

Address of Next of Kin  
(If different from Applicant)

## 3. Details of Certificates Held

Give details of STCW Basic Training held including Refresher Training (as applicable):

STCW Basic Safety Training  Date of last refresher training

Certificate Number(s)

Issued on behalf of (Country)  Date of Initial Issue (DD/MM/YYYY)

Give details of any Certificate of Competency (CoC) if held:

Capacity of any CoC

Applicable STCW regulation  Certificate Number

Issuing Country  Date of Initial Issue (DD/MM/YYYY)

Date of Expiry (DD/MM/YYYY)  Date of Last Revalidation

**Declaration by applicant**

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true, correct and complete. I further declare that the original documents submitted are all genuine documents..

Name

Signature  Date (DD/MM/YYYY)