


THE COMMONWEALTH OF DOMINICA Office of the Maritime Administrator 	THIS SPACE FOR OFFICIAL USE ONLY	
	OFFICIAL NO.	
	CALL SIGN	
	DATE	

LIST OF REQUIRED CONTACT DETAILS FOR INDIVIDUALS RESPONSIBLE FOR DECISION MAKING

All Spaces Must Be Filled With Current Contact Information

Ship Details:

VESSEL NAME:		IMO NUMBER:	
TELEPHONE No.:			
E-MAIL ADDRESS:			

Designated Person Ashore:

NAME:		E-MAIL:	
TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:			

Company Security Office:

NAME:		E-MAIL:	
TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:			

Owner of the Vessel:

NAME:		E-MAIL:	
TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:		IMO#:	

Management Company:

NAME:		E-MAIL:	
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TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:		IMO#:	

Accounting Contact:

NAME:		E-MAIL:	
TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:			

Person/Company Responsible for Crewing:

NAME:		E-MAIL:	
TEL. No:		FAX No #:	
MOBILE:		OTHER:	
Address:			