

**The Commonwealth of Dominica  
Office of the Maritime Administrator**

**APPLICATION FOR WAIVER OF THE DOMINICA VESSEL AGE REQUIREMENT**  
*Submit this with Form CDVR-2001*

**I. PARTICULARS OF THE DECLARER**

Name:		Citizenship:	
Address:			
Credentials (check one) <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Attorney-in-Fact			

**II. PARTICULARS OF THE VESSEL**

Name of Vessel:		Official Number:		
Where Built:		Year Built	Tonnage	
			GT	NT

**III. DECLARATION**

I, \_\_\_\_\_ (Name & Title of Declarer) hereby declare that:

1. I am the vessel owner or am authorized to make this declaration on the vessel owner's behalf.
2. I have read the requirements of Chapter 2, Part I, Section 30 of the Commonwealth of Dominica International Maritime Act, 2000.
3. I understand that a General Condition Survey, or for Non-SOLAS vessels, an opinion as to the vessel's seaworthiness must be completed by a recognized organization and submitted for review by the Deputy Maritime Administrator within 10 days prior to the proposed date of registration and that registration is contingent upon the Deputy Maritime Administrator's acceptance of the survey as proof to the vessel's condition.

Declared before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature & Title of Declarer*

\_\_\_\_\_  
*Signature of Deputy Maritime Administrator*