



TRANSPORT SAFETY

APPLICATION FOR THE ISSUE OF A TEMPORARY DISPENSATION

I,
(APPLICANT)

hereby apply for a dispensation from the prescribed minimum safety crewing for the vessel
..... to allow
(NAME OF VESSEL) (FULL NAME PERSON)

...../...../..... to act in the capacity of
(DATE OF BIRTH) (CERTIFICATE GRADE/POSITION)

from/...../..... to/...../.....

The above-named person is the holder of a valid certificate of competency as
..... and has sailed on the
(CERTIFICATE GRADE/CERTIFICATE NO./ISSUING AUTHORITY)

above vessel for a period of and is considered to be
(MONTHS/DAYS (LENGTH OF SERVICE))

fully conversant with the operation of the vessel and the duties required of the position.

Efforts to find a suitably qualified person to fill this position have not been successful.

.....(please print name and sign)
Owner/Agent of the Owner/Master

...../...../..... Telephone: Fax:

OFFICE USE ONLY

Approved/Not Approved. Period of dispensation:/...../..... to/...../.....

Comments:

Examiner:..... Date:...../...../.....

Application fee \$30 Date Paid ___/___/___ Receipt No.....

Issue Of Dispensation fee \$30 Date Paid ___/___/___ Receipt No.....

POID provided – folio Copies of Marine Qualifications provided yes/no at folio