



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7:05
And Telecommunications Act No.2 of 2000
Department of Maritime Affairs



APPLICATION FOR SHIP RADIO STATION LICENCE

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING.
NOTE THE DOCUMENTATION CHECKLIST RP4

VESSEL DETAILS

Name of Vessel	Gross Tonnage	Net Tonnage	IMO / Caribship Number
Type of Vessel	Official Number (N.A if new registration)		GMDSS Operating Area
Owners have entered into a contract with the following Radio Traffic Accounting Authority (Accounting Authority Identification Code – AAIC) and Point of Service (PSA) for the services described hereafter. A copy of the aforesaid contract(s) will be made available if so requested.			
AAIC for Radio Communications		AAIC / PSA for Inmarsat Services	

DETAILS OF OWNER(S)*

*for more than two owners, a continuation sheet is to be completed with details of the other owners as below. Please tick here () if continuation sheet is added

Full Name of First (or only) Owner :	Tel :
Address: Address Line 1 :	Fax :
Address Line 2 :	Email :
Town/City :	IMO Owner Number (if known)
Post / Zip Code :	Passport Number (for individuals)
Country :	

Signature of Applicant

Print Name

Date of Application

Title

Authority under which this document is signed (if applicable) i.e. Officer (Director) of company or Owner's Agent etc

The person signing this application confirms that he/she is either the Owner or in the case of a Company, a duly authorised officer of that company or is the Owner's agent. In the case of an Owner's agent, such authority is to be supported by a written testimony giving such authority. By signing, he/she declares that to the best of his/her knowledge the information contained herein is correct. In the case of an application for renewal the owners hereby confirm in making this application that there are no changes of the ship radio station equipment and electronic navigational equipment since the Ship Radio Station Licence has been issued. If there are changes, please give details of the new equipment installed on a separate sheet with a copy of the Installation Report from the technician/surveyor.

PLEASE COMPLETE THE RECORD OF INSTALLED EQUIPMENT TABLE ON PAGE TWO (2) IN THE CASE OF AN APPLICATION FOR A FIRST LICENCE OR WHEN THE EQUIPMENT ONBOARD HAS CHANGED.

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RECORD OF INSTALLED EQUIPMENT

RECORD OF INSTALLED EQUIPMENT					
Equipment	Manufacturer	Type No.	Power	Emission	Frequency Band
VHF Radiotelephony					
VHF/DSC Encoder / Decoder					
MF Radiotelephony					
MF/DSC Encoder / Decoder					
MF/HF Radiotelephony					
MF/HF/DSC Encoder / Decoder					
Inmarsat SES					
Navtex Receiver					
EGC Receiver					
Satellite EPIRB					
VHF EPIRB					
Radar Transponder (SART)					
Radio Direction Finder					
Main Transmitter					
Main Receiver					
Reserve Transmitter					
Reserve Transceiver					
VHF Transceiver					
Two-way Radiotelephone VHF					
Radar 1					
Radar 2					
Auto alarm Apparatus					
Automatic Keying Device					
Lifeboat VHF					
Other Equipment					

Signature of Master /
Approved Radio Surveyor

Print Name

Date of Application

PLEASE AFFIX APPLICANTS STAMP/SEAL

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