



APPLICATION FOR SEAMAN'S BOOK.
(PLEASE USE THE CAPITAL LETTERS)

I apply for: (please tick „X”)

Issuing the seaman's book – first time

Replacement due to:

- personal data change
- damage
- no more spaces for entries
- expiry of the validity
- lost previous seaman's book
- another reason making it difficult to establish identity

Place (city) of receipt of the seaman's book (applies for trusted profile applications only) Szczecin Słupsk

Surname and name(s).....

Date and place of birth according to passport.....

PESEL No.(if you have) _ _ _ _ _ _ _ _ _ _ Nationality

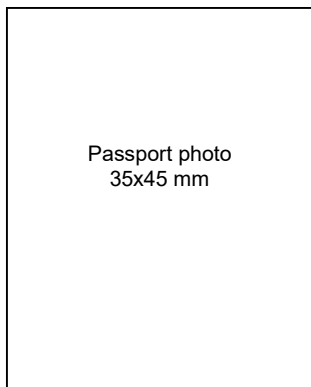
Series and number of passport.....

Height in cm..... / colour of eyes..... / sex: male female

.....
Correspondence address in Poland: address, post code, town, voivodeship

Phone number..... e-mail

(providing a telephone number/e-mail address is not obligatory, but it may facilitate contact regarding obtaining a seaman's book)



Signature pattern (please use the black colour)

Please sign above.

Signature mustn't touch or intersect with the text.

Declarations (the declaration of possession of a health certificate does not apply to the apprentice)

- I declare that I have a valid health certificate confirming my ability to work on a ship, issued by an authorized doctor.
- I declare that all the above data and the ID document submitted are true. I am aware of criminal liability for giving false testimony.

Date and signature of the applicant.....

To be filled in by Maritime Office:

Potwierdzam tożsamość i obywatelstwo wnioskodawcy na podstawie okazanego paszportu

Wysokość opłaty: Nr rachunku

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Data i podpis urzędnika