

VERIFICATION OF INFORMATIONAL PASSAGE

APPLICANT:

Surname	First Name	Date of Birth	Position
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VESSEL:

Name of Vessel	IMO No	Call Sign	Flag
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PILOT ROUTE OR OTHER ROUTE:

<input type="checkbox"/>	Inbound
<input type="checkbox"/>	Outbound
<input type="checkbox"/>	Passage

REMARKS:

SF LD 5 (eng) 2017:88

Date *

Pilot in Charge

_____ Name

* This verification is valid for a period of 6 months

_____ Pilot No

This verification shall be enclosed to the application for a Pilot Exemption Certificate