

MLA Non-Profit Boat Protection Cooperative, Ltd. (Bermuda)

ALTERNATE CAPTAIN APPLICATION FORM

Please print clearly and complete all sections:

Section I - Owners Information

Owners's Name _____	Telephone () _____
Address: _____	
Vessel Name: F/V _____	Port: _____
Requested Alternate Captain Relationship to Owner: _____	
Reason for needing an Alternate Captain <i>(must be completed)</i> _____	
Owner's Signature: _____	Date of Application ____ / ____ / ____

Section II - Alternate Captain's Information

Full Name of Requested Alternate Captain: _____			
Address _____		Telephone () _____	
Date of Birth ____ / ____ / ____			
Yrs Exp. At sea _____		Yrs Exp. Operating _____	Yrs. Commercial _____
Commercial Permit ? NO <input type="checkbox"/>		Yes <input type="checkbox"/> Permit # _____	Yr Issued _____ Type _____
Previous Employers:			
<u>Name</u>	<u>Port</u>	<u># of Yrs</u>	<u>In what Capacity</u>

Please provide at least 2 names of people of whom you have operated a commercial fishing vessel as an Alternate Captain			
Name _____		Telephone () _____	
Name _____		Telephone () _____	
Requested Alternate Capt. Signature _____		Date ____ / ____ / ____	

Office Use Only

Date ____ / ____ / ____	<input type="checkbox"/> Approved	<input type="checkbox"/> Declined _____
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