



**LICENSE APPLICATION COVER LETTER**

Submission Date \_\_\_\_\_

Office of the Deputy Commissioner of Maritime Affairs  
Republic of Vanuatu  
Vanuatu Maritime Services Limited  
39 Broadway, Suite 2020  
New York, NY 10006  
(Tel. 212-425-9600)

Applicant Name \_\_\_\_\_

Vessel Name \_\_\_\_\_

CRA NEEDED \_\_\_\_\_ YES \_\_\_\_\_ NO

License / Endorsement / SIRB \_\_\_\_\_ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB \_\_\_\_\_ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB \_\_\_\_\_ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB \_\_\_\_\_ indicate *New or Renew or Duplicate*

Ship-To Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bill-To Address

Same as Ship-TO Address? \_\_\_\_\_ YES \_\_\_\_\_ NO If No, provide Bill-To Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by

Name \_\_\_\_\_

Division \_\_\_\_\_

Email \_\_\_\_\_

Tel. \_\_\_\_\_