

	<p style="text-align: center;">GOVERNMENT OF ANTIGUA AND BARBUDA DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING (ADOMS) Declaration of Familiarization</p>	Document	FO-C13
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DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING  
ANTIGUA AND BARBUDA W.I.

**DECLARATION**

I, the undersigned .....  
*(First Name)*
*(Family Name)*

citizen of ..... holder of passport No. ....  
*(Nationality)*
*(Passport No.)*

issued by the government of .....  
*(Issuing Authority)*

born on ..... at .....  
*(day/month/year)*
*(Place of Birth)*

declare that:

I have obtained a copy and read the **Antigua and Barbuda Senior Officer's Handbook** in accordance with the provisions of the Antigua and Barbuda Director's Directive 03-2012.

.....  
*(Signature)*
*(Print Name)*
*(Date)*