

	GOVERNMENT OF ANTIGUA AND BARBUDA DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING (ADOMS) Declaration of Familiarization	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)