***APPLICATION FOR AUTHORIZATION OF PRIVATE CONTRACTED ARMED SECURITY PERSONNEL (P.C.A.S.P.)***

***PART 1. PRIVATE CONTRACTED ARMED SECURITY PERSONNEL INFORMATION:***

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| *Name of Security Personnel:* |  |
| *Country:* |  | *Post/ Zip Code:* |  |
| *Citizenship:* |  | *Telephone:* |  |
| *Passport No:* |  | *E-mail:* |  |
| *Address:* |  | *Town/ City:* |  |

***PART 2. INFORMATION:***

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| *Name of the Private Maritime Security Company (PMSC) working for.* |
|  |
| *Do you have a contract with the PMSC? When was this contract signed?* |
|  |
| *Do you have contract with another PMSC?* |
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***PART 3. GUINEA-BISSAU I.S.R. FLAGGED VESSEL(S) TO EMBARK:***

| *Name of vessel* | *IMO No.* | *Type* |
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***PART 4. DOCUMENTS REQUIRED TO PROCESS THE APPLICATION:***

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| --- | --- | --- |
| *Documents Required* | *Attached* | *Comments* |
| *Copy of valid Passport* | *☐ Yes ☐ No* |  |
| *Evidence of no Criminal Record issued from the**relevant State Authority (last 6 months)* | *☐ Yes ☐ No* |  |
| *Seaman Book (if available)*  | *☐ Yes ☐ No* |  |
| *Basic Safety Training Certificates (if available)* | *☐ Yes ☐ No* |  |
| *Any qualifications and courses proving Armed**Guard Training Records* | *☐ Yes ☐ No* |  |

***PART 5. SUPPORTING DOCUMENTATION:***

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|  | *Kindly answer the below and attach relevant evidence.* |  | *Please, attach evidence.**Provide a reason if not applicable* |
| *YES* | *NO* | *N./A* |
| *1.* | *Have you received training in the appropriate use of force which**include the command and control relationship between the PCASP**and the master of the ship as per Company Standards?* | ☐ | ☐ | ☐ |  |
| *2.* | *Have you received medical training to a recognized national or**international standard?* | ☐ | ☐ | ☐ |  |
| *3.* | *Have you received appropriate training and/or briefing specific to**the ship type, where the ship will be operating and what**legal/practical implications might have for your deployment?* | ☐ | ☐ | ☐ |  |
| *4.*  | *Have you received appropriate training in the provisions of the**International Ship and Port Facility Security (ISPS) Code, International Safety Management (ISM) Code and Best Management Practices (BMP)?* | ☐ | ☐ | ☐ |  |
| *5.* | *Have you received training in transportation, handling, storage,**stowage and use of firearms and/or specialized security equipment**it intends to use?* | ☐ | ☐ | ☐ |  |
| *6.* | *Have you been in listed or included to your best knowledge within**the sanctions issued under provisions of resolutions adopted by**the United Nations Security Council under Chapter VII of the**Charter of the United Nations or by its committees or**subcommittees, or by an institution of the European Union on the**basis of the provisions of Community law; or by resolutions**adopted by the United States of America.?* | ☐ | ☐ | ☐ |  |
| *7.* | *Have you been convicted, issued an arrest warrant or have a**pending case, before the International Criminal Court or another**international tribunal established under the provisions of the**Charter of the United Nations?* | ☐ | ☐ | ☐ |  |
| *8.* | *Have you been sentenced by a court or has an arrest warrant for**any of the offences including:**homicide, rape, premeditated murder or attempted murder; arson**or attempt to destroy property using explosives; unlawful**possession of, or possession with intent to supply, controlled drugs**or psychotropic substances; robbery, burglary, theft, property**claim with threats or kidnapping, malicious damage or incest;**trafficking of adult persons, child trafficking, trafficking and**exploitation of human organs, exploitation at work, sexual**exploitation of adult persons, sexual exploitation of children and**child pornography; an offence which involves dishonesty or moral**turpitude?* | ☐ | ☐ | ☐ |  |
| *9.* | *Are you a user of any narcotic drugs or other psychotropic**substances?* | ☐ | ☐ | ☐ |  |

***PART 6. DECLARATION OF THE APPLICANT:***

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| *I the undersigned hereby declare and state for and on behalf of the Company, that:**I undertake and assume, irrevocably, the obligation to abide by and implement the provisions of the Law and to cooperate,**obey and implement the decisions and directives of the Competent Authority;**I confirm that the authorization to be placed on board a Guinea-Bissau I.S.R. vessel as part of a PMSC is provided only for the**duration of the contract of the PMSC and the Shipowner;**I declared that the above information is true and correct.* |
| *Name of the Applicant:* |  |
| *Date:* |  |
| *Signature of the Applicant:* |  |
| *The Company certifies that the information provided above has been checked through criminal, employment and background checks.**The Company certifies that if the event that the Individual is found non competent (medically, physically or mentally) for its placement onboard a Guinea-Bissau I.S.R. Vessel, the Company will ensure the removal of the individual immediately and contact the International Ships Registry of Guinea-Bissau to provide such information.**The Company certifies that in the event that the individual is found to have lied or submitted false information during the application process and is therefore not meeting the requirements for its placement on board Guinea-Bissau registered vessel, the Company will ensure the removal of the individual immediately and contact the International Ships Registry of Guinea-Bissau to provide such information.* |
| *Name of the Person Authorized to sign on behalf of the Company:* |  |
| *Position held in the Company:* |  |
| *Contact Information (Phone, Email, Address):* |  |
| *Date:* |  |
| *Signature:* |  |

***PART 7. DECLARATION OF THE INTERNATIONAL SHIPS REGISTRY OF GUINEA-BISSAU:***

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| *I, the Deputy Ship Registrar of G-B I.S.R., confirm that the information received has been evaluated, revised and checked and found in order for authorization of the individual as P.C.A.S.P onboard Guinea-Bissau I.S.R. registered vessels.* |
| *Name of the Person Authorized to sign on behalf of the G-B I.S.R.:* |  |
| *Position held in the Company:* |  |
| *Contact Information (Phone, Email, Address):* |  |
| *Date:* |  |
| *Signature:* |  |

This Application is to be submitted to the Deputy General Ships Registrar

Tel.:     +30 - 210 – 4537950

Email:  *rmedawar@gbi-lb.org*