



VIRGIN ISLANDS SHIPPING REGISTRY

1ST FLOOR RITTER HOUSE WHICKHAM'S CAY II, TORTOLA
TEL: +1 (284) 468-9646 EMAIL: vishipping@bvimaritime.vg Website: www.bvimaritime.vg



APPLICATION FOR A COASTAL CRAFT LICENCE

Name of ship _____

Home Port _____

Name of Owner _____

Address of Owner _____ P.O. Box # _____

Length of Vessel _____ Gross Tonnage _____

Year Vessel Built _____ Year Engine Built _____

No. of Passengers _____

Type of Vessel _____

Hull material _____ Hull # _____

Number of Engines _____ Total Horsepower _____

Date requested for survey _____ Place _____

NEW APPLICANTS

RENEWAL

- Notarized Bill of Sale
- Title Documents/Previous Registration
- Photo ID

- Payment for Inspection

I _____(owner) hereby give permission to _____
who may apply for vessel inspection on my behalf. _____ (owners'
signature)

CONTACT'S NAME _____

PHONE NUMBER _____

SIGNATURE _____

DATE _____

