

- An application for a License to Operate Certificate must be submitted to MPABD no less than 30 days prior to the proposed inspection date.
- The application form, supporting documents and applicable fee must be submitted to Maritime Training, Standard & Seafarer Section, Shipping Department, Maritime and Port Authority of Brunei Darussalam Office. Tel : +673 2771347
  - List of supporting documents and guideline on application of A license To Operate maybe downloaded from <http://www.mincom.gov.bn/marine>

Application type:  NEW APPLICATION  RENEWAL

Existing LTO certificate no (if renewal) : \_\_\_\_\_

**Applicant detail**

Name of organization

Company Registration Number



Business address

Name of local shipping agent

Business address

Contact person of the organization

Telephone

Mobile




Contact person of the Shipping Agent

Telephone

Mobile




Local DPA

Telephone

Mobile




Purpose of application (Include nature of activity, Location and cargo)

  
  
  


Period the LTO is required (tick applicable box)

365days Other 

A LTO will not be issued for more than 365 days

Commencement date of

**Ship detail**

Name of ship owner

Ship's name

IMO / Official number

Flag

Year keel laid

Ship type

GRT

kW

LOA

Beam

**Proposed Inspection schedule**

Location of Inspection

: 

Proposed Inspection Date

: 

Second Proposed Inspection Date

: **Applicant's declaration**

I/We declare that I/we have read all the answer I/we have given to the questions in this application and that the answers given by me/us are complete, true and correct in every detail.

I/We understand that I/we may be prosecuted for giving or stating any false misleading information and that penalties apply.

I/We agree to arrange for the craft to be inspected by the Maritime and Port Authority Brunei Darussalam's inspector as soon as this application is approved (or as and when required) and to abide by all the conditions as imposed by the Director of Marine.

I/We agree that the Surveyors' expenses including all travelling expenses, insurance, taxation, and all boards and lodging expenses will be borne by our company.

Applicant's signature

Date

Name :

**For Office only**

Date of Inspection	:	
Location	:	
Assigned Inspector(s)	:	