**SHIPSAN INFORMATION SYSTEMS (SIS)  
  
APPLICATION FORM (ONLY for SSC Inspectors)**

**Inspector details**

1. \*First Name:………………………………………………………………………………………………………..
2. \*Last Name: ………………………………………………………………………………………………………..
3. \*Gender: …………………………………………………………………………………………………………….
4. \*Occupation: ………………………………………………………………………………………………………
5. \*Country: ……………………………………………………………………………………………………………
6. \*City: ………………………………………………………………………………………………………………….
7. \*Address: ……………………………………………………………………………………………………………
8. \*Post Code: ………………………………………………………………………………………………………..
9. \*Telephone: ……………………………………………………………………………………………………….
10. \*Mobile: ……………………………………………………………………………………………………………..
11. \*Fax: …………………………………………………………………………………………………………………..
12. \*Email: ……………………………………………………………………………………………………………….
13. Website: …………………………………………………………………………………………………………….
14. \*Port(s) (assigned to / authorised for inspections):

|  |  |  |  |
| --- | --- | --- | --- |
| **Port** | | | |
| *No* | *Port/s*: (in which belongs to/assigned to according to inspector’s occupation) | LOCODE: | *Contact details of the Port (Tel., Email, Fax, Contact person)* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. \*Port Health Authorities/Local Public Health Authorities (assigned to):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Port Health Authority** | | | | | | | | |
| *No* | *Related Port No as mentioned above: (The Port’s No that belongs to the specific PHA)* | *Name/ Description of the Port Health Authority/* *Local Public Health Authorities*: | UNLOCODE: | *Status*: | | Certification type: | | *Contact details  of the Port Health Authority(Address, Tel., Email, Fax, Contact person):* |
| Governmental |  | SSCEC |  |
| Private |  | SSCC |  |
|  | | Extension |  |
|  | |
|  |  |  |  |  | |  | |  |
|  |  |  |  |  | |  | |  |

1. \*Receive Email Notifications (Yes/No):………………………………………………………………
2. \*Notification Emails:………………………………………………………………………………………….

\*Inspector’s signature and stamp \*Supervisor’s signature and stamp

|  |  |
| --- | --- |
|  |  |

Date …./…../……..  
\* Mandatory fields

*The information provided in this form will be recorded in the SHIPSAN INFORMATION SYSTEM (SIS) and your personal data will be further processed to the extent that they are necessary for your registration.*

*Your contact details will be viewed by other persons registered in the SHIPSAN INFORMATION SYSTEM (SIS). The information will not be re-used for an incompatible purpose and will not be passed to any third parties.*