
(Name and surname of applicant)

**MINISTRY OF SEA, TRANSPORT AND
INFRASTRUCTURE
Maritime Safety Directorate**

Harbor master office _____

APPLICATION FOR SEAMAN`S BOOK

PERSONAL DATA

Citizenship: _____ Date of birth: _____

Country of birth: _____ Sex: M F

Place of birth: _____ Email*: _____

Country of residence: _____ Mob*: _____

Color of hair: _____ Color of eyes: _____

Personal identification number issued in Croatia*: _____

Application is submitted for:

New

Renewal

No space available for new seagoing service

Loss or damage

Other:

I hereby authorize the bearer of this application _____
to apply/claim for my seaman`s book.

(Place and date of application)

(Signature of the applicant)

I am attaching to the request:

1. *Copy of passport*
2. *2 (two) pictures 3,5 cm x 4,5 cm*
3. *Copy of medical certificate for seafarer`s*
4. *Payment slip 13,00 EUR-a*

By signing, I confirm that the information I have provided in this request is accurate and truthful.

*- optional