

	<p><i>Panama Maritime Training Services Inc.</i> <i>Panama Maritime Quality Services Inc.</i></p> <p>APPLICATION/UPDATING FORM FOR MARITIME SECURITY AUDITOR</p>	
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NAME: _____ E-MAIL: _____
 ADDRESS: _____ MAILING ADDRESS: _____
 FAX _____ TELEPHONE _____
 NATIONALITY: _____ PLACE AND DATE OF BIRTH: _____
 PORT OF INTEREST: _____ COMPANY: _____

TECHNICAL EDUCATION

NAME OF ACADEMY OR UNIVERSITY	CERTIFICATES OBTAINED

WORKING EXPERIENCE

COMPANY NAME	COUNTRY	POSITION	FROM	UNTIL

Use additional Frames overleaf, if required
Please enclose copies of the certificate mentioned above and of the working experience as well as any other related documentation.
Please indicate knowledge of ship operations and the auditing of management system in accord as a minimum, ISO 19011 or the ISM-Code, Copy of ISPS-Code course and ISM-Code or ISO courses is necessary prior to authorization as maritime security auditor for assuming responsibility for verifying compliance with the requirements of ISPS-Code.

Remarks: _____

Signature of the applicant: _____ Company's Endorsment: _____
 Date: _____