

Request for Webservices Client Certificate

Application System Name:	Electronic Log Book System
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Please supply the Webservices Client Certificate to enable this company to interact with the Department. The following details apply:
Please complete all fields. Please use BLOCK CAPITALS.

Vessel Name	
CFR No (Internal Number) :	
Port Reg No:	
Company Name:	
Vessel Owner:	
Webservice Required	DED Webservices (Live)
Address: Locality/Street/Town/City name	
County Name:	
Country Name:	
E-Mail Address (of Contact Person):	
Signed:	
Name in BLOCK letters:	
Role within Company:	
Date of signature:	

For Official Use Only

Received by Business Unit (SFPA):

Unit Name:	ERS Office
Signature:	
Name in BLOCK letters:	
Grade:	
Date of signature:	
Period of Validity of Certificate:	3 Years

Received by CA Verifier:

Signature:	
Name in BLOCK letters:	
Date of signature:	

Received by CA Manager:

Signature:	
Name in BLOCK letters:	
Date of signature:	
Tracking Reference:	