## To the state joint stock company Elektroniskie sakari

## Address: Eksporta str. 5, Riga, LV-1010, Latvia; e-mail: [vases@vases.lv](mailto:vases@vases.lv)

**Ship station license application form**

1. **APPLICANT** (**legal2** person or **natural1** person):

The License of the ship's station may be requested by the owner or operator of the ship in its own name (according to the data of the Maritime Administration of Latvia or the (RTSD) Road Traffic Safety Directorate).

|  |  |
| --- | --- |
| Name2/Name, surname1 | Registration No.2/Personal identity number1 |
| Legal address2/declared address1 | Phone, E-mail2,1 |

1. **Person responsible for the use of the radio equipment:**

|  |  |  |
| --- | --- | --- |
| Name, surname | Phone | E-mail |

1. **Information on the ship**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ship (Vessel) Name |  | | Call Sign YL | | | | | | | | |  | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | |
| Ex Ship Name |  | | Ex Call Sign | | | | | | | | |  | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | |
| License is required from |  | till | | |  | | | | | | | (dd.mm.yyyy) | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | |
| General Classification of the ship |  | | Individual Classification of the ship | | | | | | | | |  | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | |
| Capacity for persons on board |  | | Number of Life Boats | | | | | | | | |  | | | | | | | |
|  |  | |  | | | | | | | | |  | | | | | | | |
| EPIRB hexadecimal ID Code (15 characters) | | |  |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |

1. **Radio transmitting equipment**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. |  | Manufacturer |  | Model |  | Quantity |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
| 7. |  |  |  |  |  |  |
| 8. |  |  |  |  |  |  |
| 9. |  |  |  |  |  |  |
| 10. |  |  |  |  |  |  |
| 11. |  |  |  |  |  |  |
| 12. |  |  |  |  |  |  |

1. **Emergency Contact Person ashore to report about an accident on board:**

|  |  |  |
| --- | --- | --- |
| Name, surname | Phone | E-mail |
| Address | | |

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| --- |
| If a license for public correspondence is requested, the written consent of an Accounting Authority recognized by the ITU shall be submitted to the State Joint Stock Company *Elektroniskie sakari*.  Safety of life at sea may depend on the accuracy of data provided, so the State Joint Stock Company *Elektroniskie sakari* shall be notified immediately of any changes. |

1. **Comments** *(if applicable, provide any other information you consider relevant)*

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**7. SJSC** ***Elektroniskie sakari* recommends to choose the electronically signed decision with a secure electronic signature** **only (***in particular 7.3*.)

|  |  |  |
| --- | --- | --- |
| **Form of notification of the decision.** In accordance with the Law in Notification, please choose **one** of the notification forms and provide the required additional information: | | |
| 7.1. | **At the office of SJSC Elektroniskie sakari** - at Eksporta str. 5, Riga  Please, inform about the prepared decision **via phone:** |  |
| 7.2. | **By using postal services (specify address):** |  |
| 7.3. | **By electronic mail** **only**. I confirm that I agree with the notification of the decision through electronic mail, **using a secure electronic signature**, to the electronic mail address **(specify the e-mail address):** |  |
| 7.4. | **By using both, electronic mail as well as postal services**  Send a scanned copy of the decision **(specify email address):**  Send the original of the decision by using postal services to the address **(specify the address)**: |  |
| 7.5. | **Through a** customer-paid **messenger**. **Specify the phone number for communication:** |  |

The decision will be sent to the customer's legal address/declared address of residence, if the customer does not appear at the office of SJSC *Elektroniskie sakari* within three working days to receive the prepared decision.

I am informed that the addressee of the License will be the applicant. Invoices will be issued to the addressee of the License. By signing this request, I guarantee that I will pay the *invoices of SJSC Elektroniskie sakari* for the review of the request in accordance with the valid price list.

|  |  |
| --- | --- |
|  |  |
| (place, date) |  |
|  | |
| \* (title, name, surname and signature of the person authorized to sign or the authorized person) | |

*\*The application should be signed by the legal representative of the legal person or by a person authorized by him/her. If the application is signed by an authorized representative, it shall be enclosed with a relevantly arranged original or a certified copy of the power of attorney.*

*The “signature” detail of the document shall not be filled in if the electronic document has been executed in accordance with the laws and regulations on the execution of electronic documents.*

The processing of personal data is performed in order to ensure the evaluation of information for making a decision on the issuance of a permit for the use of radio frequency allocation on the basis of Cabinet Regulation No. 453 “Regulation on Permits for Use of Radio Frequency Allocation”, adopted in 2006; additional information on personal data processing is placed on the website <https://www.vases.lv/lv/content/personas-datu-apstrade>