Seeärztlicher Dienst Dienststelle Schiffssicherheit Frau Ewen 22757 Hamburg	Stamp requesting party
	
to access the "fitness for service at sea register" according the requirements of § 19 para. 2, clause 5 and para. 8 of the Maritime Labour Act	
Personal details Form of address: First name: Name: E-Mail: Official position in the company:	
Company details Name: Street: House Number: Postal Code: City: Country Phone: Website:	
I commit myself to only use any data provided by the Maritime Medical Service for official use. I am aware that any infringements of data protection regulations/ data secrecy will be punished under criminal law. I will keep my personal access data in a secure place and will not make them accessible to third parties.	
In the case of leaving the company, I will inform the Maritime Medical Service of the BG Verkehr immediately. The access to the "fitness for service at sea register" is limited for two years.	
place/ date sign	ature

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