



LICENSE APPLICATION COVER LETTER

Submission Date _____

Office of the Assistant Commissioner of Maritime Affairs
Vanuatu Logistics and Administrative Services Limited (VLAS)

39 Broadway #2020
10006, New York
WhatsApp: +17866178896
Email: info@register-vu.com
Fax: +12123200374

Applicant Name _____

Vessel Name _____

CRA NEEDED _____ YES _____ NO

License / Endorsement / SIRB _____ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB _____ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB _____ indicate *New or Renew or Duplicate*

License / Endorsement / SIRB _____ indicate *New or Renew or Duplicate*

Ship-To Address

Bill-To Address

Same as Ship-TO Address? _____ YES _____ NO If No, provide Bill-To Address

Submitted by

Name _____

Division _____

Email _____

Tel. _____