



香港特別行政區政府海事處
MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

廢船許可證申請表
APPLICATION FOR DEAD SHIP PERMIT

第一部 申請人資料 Part I Particulars of Applicant

申請人
Applicant: _____

*香港身份證號碼/公司編號及商業登記證號碼
*HK Identity Card No./Company Registration No. & Business Registration Certificate No.: _____

地址
Address: _____

電話號碼
Tel. No.: _____

流動電話號碼
Mobile Phone No.: _____

傳真號碼
Fax No.: _____

電郵地址
Email Address: _____

第二部 船隻資料 Part II Particulars of Vessel

船隻名稱
Name of Vessel: _____

船隻類型
Type of Vessel: _____

船旗國
Flag State: _____

*擁有權證明書號碼/海事處參考編號/呼叫信號
* Certificate of Ownership No. / MD Ref. No. / Call Sign: _____

總長度 (米)
Length Overall (m): _____

最大寬度 (米)
Extreme Breadth (m): _____

深度 (米)
Depth (m): _____

總噸位
GT: _____

淨噸位
NT: _____

船體物料
Material of Hull: _____

船上負責人姓名
Name of Person-in-charge on board: _____

電話號碼
Tel. No.: _____

船員數目
No. of Crew: _____

第三部 申請詳情 Part III Details of Application

停泊地點:
Location of Berth: _____

成為廢船時段:
Period of being a Dead Ship: _____

修船許可證簽發日期:
Issue Date of Repair Permit: _____

成為廢船原因:
Reasons to become a Dead Ship: _____

日期
Date: _____

*請將不適用的刪去。 Delete where inappropriate

申請人簽署 Signature of Applicant
如屬公司，請加蓋公司印章。
For company, please affix the company seal/stamp

Personal Data Collection Statement 收集個人資料聲明

The personal data provided by this application form will be used by Marine Department for process licensing and port formalities purposes, and may be disclosed to other departments/agencies for investigation/prosecution purposes. In accordance with the Personal Data (Privacy) Ordinance (Cap. 486), data subjects have a right to request access to and correction of their personal data provided in the application form. For access to or correction of personal data in the application form, please contact the Officer-in-charge, any District Marine Office of the Marine Department.

申請表所獲得的個人資料會供海事處作處理有關牌照及關務事務用途，亦可能轉交其他部門／機構以供調查／檢控之用。根據《個人資料（私隱）條例》（第 486 章），資料當事人有權要求查閱及改正在此申請書提供的個人資料。如須查閱或改正此申請書的個人資料，請與海事處任何海事分處聯絡。

只供本處人員填寫 FOR OFFICIAL USE ONLY

Application is / is not approved.

Permit No.:

Validity: From _____ to _____ inclusive.

Demand Note No.:

Audit Roll No.:

Remarks:

Name & Signature:

Officer-in-charge *Central Marine / Port Management Office

Date:
