

香港特別行政區政府海事處 MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

海上試航許可證申請表 APPLICATION FOR SEA TRIAL PERMIT

第一部	申請人資料	Part I	Particulars of Applic	ant		
申請人 Applicant:						
	證號碼/公司編號/ ty Card No./Compan			ertificate 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 Ve	ssel:			船隻類型 Type of Vessel:		
船旗國 Flag State: _			有權證明書號碼/海事處參考 ertificate of Ownership No. / MI	广編號/呼叫信號 D Ref. No. / Call Sign:		
_	숙) rall (m):	Extr	、寬度(米) eme Breadth (m):			
• • •	ines:		擎動力(千瓦) Power (kw):			
船員數目	姓名 rson-in-charge on boa :			電話號碼 Tel. No.:		
第三部	試航詳情	Part II	I Details of Seatrial			
試航日期》 Seatrial Date	• •					
試航地點 Location of S	Seatrial:	□ 南	軍澳 / Junk Bay 丫島西 / West of Lamma Isla 洲群島 / Ninepin Island	nd		
試 航 目的 Purpose of S	eatrial:	□ 引 □ 羅	度試航 / Speed Trial 擎試航 / Engine Trial 盤試航 / Compass Adjustmen 他 / Others			
日期 Date:		山	is / Oulcis	`		

*請將不適用的刪去。 Delete where inappropriate #請在適當方格內加上「√」剔號。 Please tick the appropriate box(es). 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.

申請書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 OFF1CIAL	L 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 Managemen	nt Office	
Date:				