



OFFICE OF THE DEPUTY PRIME MINISTER
MINISTRY FOR HEALTH

Our Ref. :
Your Ref. :

REQUEST FOR THE ATTENDANCE OF PORT HEALTH OFFICIALS

Permission is requested for the attendance of Port Health Officials for the inspection of

Vessel _____ berthed at _____.

on the _____ estimated time of inspection _____

I undertake to pay all expenses for the attendance of Port Health Officials for the issue of a Ship Sanitation Control Certificate* / Ship Sanitation Control Exemption Certificate* / Extension of Ship Sanitation Certificate* (*delete as applicable) in terms of Article 39 of the International Health Regulations (2005) and Regulation 20 of the Public Health (Ships) Regulations, 2008.

Signature of Agent or his legal
Representative

Date

Name and Surname of Agent or his
Legal representative
In block letters

Company name and Address
(Rubber stamp)

Data Protection Statement: All Data collected is processed in accordance with legal provisions and the General Data Protection Regulation (EU) 2016/679 (GDPR). Personal Data is not disclosed to third parties if not required by Law or by other EU Regulations/obligations

HEALTH INSPECTORATE SERVICES, PORT HEALTH SERVICES
SERVIZZI TA' L-ISPEKTORAT TAS-SAHHA TAL-PORT
Environmental Health Directorate
Superintendence of Public Health
2, Telgħa tal-Kurċifiss, il-Furjana, FRN1940
t +356 21220003, 21227260

Environmental Health Directorate
Superintendence of Public Health
Continental Business Centre, Level 1, Triq il-Ferrovija, Santa Venera SVR9018
t +356 21324093, +356 21320413 e porthealth@gov.mt

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