Name

Surname

Address

Phone:

E-mail:

MINISTRY OF THE SEA, TRANSPORT AND INFRASTRUCTURE
Harbour Master's office Rijeka
e-mail: certificate.rk@pomorstvo .hr

Application for examination
SKIPPER CATEGORY RTF / UKW

Date of birth:

Place of birth:

State of birth:

Number of passport:

_____ _____

(date) ***(signature)***