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Ship Sanitation Certificate Application Form (Anmodning om hygiejnecertifikat)

Ship Details				
Name of Ship:				
IMO No.:				
Flag:				
Type of Ship:				
Shipping Company/	Agent Details			
Name of Shipping Company:				
Address/P.O. Box:				
Postal code + Town/City and Country:				
E-mail Address: - for e-mail invoice only:				
EAN (European Article Number) – for digital invoice only:				
If invoice has to be issued to others than the above mentioned (full name and address)				
of December 15th 20		ee will be charged for the is		other transmittable diseases) n Control Exemption
The Danish Health an within 30 days.	nd Medicines Authority w	vill make out an invoice for	the amount of the fee and	d the invoice must be paid
Ship Sanitation Cert	ificate Inspection Infor	mation		
Arrival Date:			Departure Date:	
Name of Port and Ter	minal (if relevant):			

Fax or e-mail this application form to the ship inspection company of your choice together with a copy of current Certificate.

A list of available ship inspection companies can be found at the website of the, Danish Nature Agency

http://www.naturstyrelsen.dk/Vandet/Rottebekaempelse/Skibsinspektioner/

Styrelsen for Patientsikkerhed stps.dk Version 01-2024