



Seafarer Licensing

CONSENT TO DISCLOSURE OF INFORMATION

Maritime New Zealand, P.O. Box 27006, WELLINGTON.
Phone: 04 473 0111, Freephone: 0508 225522

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I,.....
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to the **Maritime New Zealand**. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE