

<input type="checkbox"/>	Application for approval as seafarer's doctor, attachment No. 1-4
<input type="checkbox"/>	Renewal of application for approval as seafarer's doctor, attachment No. 2-3 (if relevant)

Forward application and attachments to the [Norwegian Embassy or Consulate](#) in relevant country

First and last name:		Date of birth:
Mobile phone number:		D-number (only for renewals):
E-mail:		
Name of practice:		Practice telephone number:
Practice address:		
Postal code:	Place:	Country:
Practice web page:		

I hereby confirm that I am familiar with the *Regulations of 5 June 2014 No. 805 on medical examination of employees on Norwegian ships and mobile offshore units* and the *Public Administration Act*.

I fulfil the requirements stated in section 7 of the Regulations. I understand that the approval is only valid for a named doctor, not an office, for a limited period, and that the approval may be withdrawn if terms for approval as seafarer's doctor are no longer present. Furthermore, I understand that I act on behalf of the Norwegian Maritime Authority, and that I need to respond to their inquiries.

I acknowledge that the approval requires electronical submission of medical certificates and declarations of unfitness through the Altinn portal.

I accept that the Norwegian Maritime Authority may audit my practice as a seafarer's doctor.

Date:

Signature:

Please enclose with the application:

- 1) Confirmation of authorization in accordance with national requirements
- 2) Confirmation of completed course in maritime medicine approved by the Norwegian Maritime Authority
- 3) Self-declaration of quality system (KS-0418E)
- 4) Confirmation that you have normal colour vision or have made arrangements so that the employee's colour vision can be properly examined