



## Organization

### Parent Company Information

Name	
Address	
Website	
Current Certification Status (ISO, etc.)	
Number of Employees	

### Organization Information

Name (if different from Parent Company)	
Address (if different from Parent Company)	
Website (if different from Parent Company)	
Email Address	
Telephone Number	
Current Certification Status (ISO, etc.)	
Number of Employees	
Number of Students Trained Annually	

Other Training Facilities to be Certified (list cities and provide the above details in your submittal):

Manufacturer of simulator(s)	Model of simulator(s)	Application of simulator(s)

### Contact Information of Responsible Person for Training Certification Compliance

Title:	First name:	Last name:
Telephone Number		
Fax Number		
Email Address		

We wish to be certified according to the ABS Guide for Certification of Maritime Training (check one of the boxes to the right)	<u>Yes</u>	<u>No</u>
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**When complete submit this form to ABS Academy:**

**For North & South America:**

**[USAAcademy@eagle.org](mailto:USAAcademy@eagle.org)**

**For Europe & Africa:**

**[GreeceAcademy@eagle.org](mailto:GreeceAcademy@eagle.org)**

**For Middle East, China & Pacific:**

**[SingaporeAcademy@eagle.org](mailto:SingaporeAcademy@eagle.org)**

**[ChinaAcademy@eagle.org](mailto:ChinaAcademy@eagle.org)**