**DECLARACION DE ZARPE DE LANCHAS FLETES Y CHALANAS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Nombre Emb. |  | |  | N° Matrícula |  |
| Fecha y hora |  | | |
| Pto. O Zona de se. | |  | |

DATOS DE LA TRIPULACIÓN Y ARMADOR

|  |  |
| --- | --- |
| Cargo | Nombre y Apellido N° Carnet Domicilio Teléfono |
| Patrón | |
| Motorista | |
| Tripulante | |
| Armador | |

|  |  |  |
| --- | --- | --- |
| - Compañía y N° Póliza Colectivo o N° de Reg. Patronal |  | |
| - Cta N° de Póliza Seguro Accidentes para Psj. No. Psj. Asegurados | |  |

RELACIÓN DE PASAJEROS

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| N° Ord. | Nombre y Apellido | Edad | Teléf. o Domicilio | N° Ord. | Nombre y Apellido | Edad | Teléf. o Domicilio |
| 01 |  |  |  | 18 |  |  |  |
| 02 |  |  |  | 19 |  |  |  |
| 03 |  |  |  | 20 |  |  |  |
| 04 |  |  |  | 21 |  |  |  |
| 05 |  |  |  | 22 |  |  |  |
| 06 |  |  |  | 23 |  |  |  |
| 07 |  |  |  | 24 |  |  |  |
| 08 |  |  |  | 25 |  |  |  |
| 09 |  |  |  | 26 |  |  |  |
| 10 |  |  |  | 27 |  |  |  |
| 11 |  |  |  | 28 |  |  |  |
| 12 |  |  |  | 29 |  |  |  |
| 13 |  |  |  | 30 |  |  |  |
| 14 |  |  |  | 31 |  |  |  |
| 15 |  |  |  | 32 |  |  |  |
| 16 |  |  |  | 33 |  |  |  |
| 17 |  |  |  | 34 |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Autorizado para zarpar | |  | | | Con destino a: |  | | |
|  |  | | (Día - hora) |  | |  | (Lugar) |

|  |  |
| --- | --- |
| Día / Hora estimada de regreso |  |
| patrón que solicita zarpe | Autoridad que otorga zarpe |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | Grado |  |
|  |  |  |  | Nombre |  |
| Antefirma |  | Firma |  | Cargo |  |