

ATTACHMENT 2

**PERMIT OF SALVAGE OPERATOR**

The application of \_\_\_\_\_ for registering the establishment of \_\_\_\_\_ is permitted, wherefore the permit is issued accordingly.

Name of Company	
Statutory Representative	
Office Location	
Capital	
Scope of Business	

Communications

Minister, Ministry of Transportation and

Director, Department of Navigation & Aviation

Date:

Permit No.:

<b>Counterfoil</b>	Name of Company
	Statutory Representative
	Office Location
	Amount of Capital
	Business Items
	Statutory Basis
<b>Date</b>	

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