REPUBLIC OF THE MARSHALL ISLANDS (RMI) ONLINE SYSTEM FOR SEAFARERS’ DOCUMENTATION (OSSD) USER AND FILING AGENT AUTHORIZATION FORM

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| (Name of company that employs user.) | |
| hereby requests that the named individual be authorized to act on its behalf to access the RMI OSSD for the purpose of processing, or retrieving invoices for, RMI seafarer documents.  Please indicate type of access requested: | |
| Filing Agent authorization and OSSD access | | Filing Agent authorization only |
| Accounting User OSSD access only | | |

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| **OSSD User / Filing Agent Information** |
| Name: |
| Signature: |
| Date of signature: |
| Business address: |
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| Telephone number: |
| User’s unique business email address: |
| (Must not be shared address. Used for identity verification.) |
| Check if you would like invoices sent to the above email address.  Check if you would like notifications sent to the above address. |
| Notification email address: |
| (May be shared address. Used for system generated notifications.) |
| Check if you would like invoices sent to the above email address. |

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| **Supervisor or Manager Information** |
| (Must work at the same location.) |
| Name: |
| Signature: |
| Date of signature: |
| Job title: |
| Telephone number: |
| Email address: |

**INSTRUCTIONS:**

Please print or type. A separate authorization form must be completed for each user.

Submit the completed form by email to [filingagents@register-iri.com](mailto:filingagents@register-iri.com).