



Referee Form

Application for Registration

Candidate Registration Category

- Chartered Marine Technologist
- Registered Marine Technologist
- Marine Technician

Instructions

Please Identify an appropriate referee, a responsible person of standing in the marine community, who knows you and your work well (for example, your course tutor, a senior manager or officer at work, a corporate member of SUT). Please ask your referee to fill in the section below and to sign and date photocopies of your certificates as true copies of the originals.

Save this form and upload when completed online at www.sut.org as part of your complete application.

Referee Declaration

I, the undersigned, recommend the above applicant, from personal knowledge, for registration via SUT. I append my initials against all statements by the candidate, which I can verify.

Name _____ **Position** _____

Company _____ **Contact Tel No** _____

Email _____

If a member of SUT or MTS – Membership Category _____ **Membership Number** _____

Capacity in which the applicant is known to you _____ **I have known the applicant for** _____
year(s) and support his/her application for registration.

Signature _____ **Date** _____

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For more information, please visit www.sut.org/marine-technology-registration