



**PANAMA MARITIME AUTHORITY**  
**GENERAL DIRECTORATE OF SEAFARERS**  
**SEAFARERS' AUTOMATED APPLICATION SYSTEM**

<http://www.amp.gob.pa>  
[saainfo@amp.gob.pa](mailto:saainfo@amp.gob.pa)

**REQUEST FOR DEFICIENCY CORRECTION OF PERSONAL INFORMATION**

**INFORMATION OF THE SEAFARER APPLICATION**

* FIRST NAME	
MIDDLE NAME	
FIRST LAST NAME	
SECOND LAST NAME	
* ID No./ PASSPORT No.	
* APPLICATION NUMBER	

**\* FILL OUT THE CORRECTION REASON**

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**INFORMATION TO BE CORRECTED**

* FIELD	
* INCORRECT INFORMATION	
* CORRECT INFORMATION	

* STATUS OF APPLICATION	
* ANY DOCUMENT ISSUED?	YES NO

**Note:** In case any full term document has been issued, you must fill up the Form of Request for Deficiency Correction of Incorrect Document and send it along with the document/s null and void by email to the Authorized person. The original, null and void document/s always must be sent to the headquarter of the Panama Maritime Authority.

**REQUEST SUBMITTED BY:**

* CONSULATE	
* CONTACT NAME	
* TELEPHONE NO.	( + )
* DATE (DD/MM/YYYY)	

**Note :** The Correction Request must be sent to the Authorized person to perform corrections in SAA.  
\* Information Mandatory

Any question or recommendation please mail or call to:  
PANAMA MARITIME AUTHORITY  
GENERAL DIRECTORATE OF SEAFARERS  
EMAIL: [saainfo@amp.gob.pa](mailto:saainfo@amp.gob.pa)  
TELEPHONE NO.: (+507) 501-5220 / 501-5062 / 501-5045