

Form 3 - A

[Regulation 7(1)]

**DECLARATION OF RECOMMENDER
FOR BELIZE PASSPORT APPLICATION
FOR PERSONS 16 YEARS AND OVER**

I, (Mr., Mrs., Miss) _____
[print full name of Recommender]

of _____
[insert full address]

and currently employed as _____ hereby declare/certify that I have been
[profession]

acquainted with the applicant (Mr., Mrs., Miss) _____
[print full name of Applicant]

for the past _____ through (Specify relationship) _____
[number of years]

[Group A – Justice of the Peace, Minister of Religion, Medical Practitioner, Notary Public, or Attorney-at-Law.]

and that the information provided in his/her Belize passport application is true and correct to the
best of my knowledge, information and belief.

Signature of Recommender: _____

Official Stamp/Seal:

Date: _____
[day / month / year]

Tel Office/Work: _____

Mobile: _____

Email: _____