

Form 4 - B

[Regulation 7(1)]

**DECLARATION OF RECOMMENDER
FOR BELIZE PASSPORT APPLICATION
FOR PARENTS APPLYING FOR PERSONS UNDER 16 YEARS APPLICANTS**

I, (Mr., Mrs., Miss) _____ of _____
[print full name of Recommender] *[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 B – Member of the House of Representatives, Chief Executive Officer in any Ministry of the Government, Head of Department of any Department of the Government of Belize, or a Licensed Teacher.]

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: _____

Date: _____
[day / month / year]

Mobile: _____

Tel Office/Work: _____

Email: _____