

**Form 3 - B**

[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 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: \_\_\_\_\_ Official Stamp/Seal:

Date: \_\_\_\_\_  
[day / month / year]

Tel Office/Work: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_