

**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: \_\_\_\_\_