



## APPLICATION FORM STCW 1995 RECOGNITION OF COMPETENCY & ENDORSEMENT CERTIFICATES

FAMILY NAME	FIRST NAME	MIDDLE NAME
DATE OF BIRTH	COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP
DAY: _____ MONTH _____ YR: _____		
HEIGHT	WEIGHT	DISTINGUISHING MARKS
PERMANENT ADDRESS (ST. CITY & COUNTRY)	PERSON TO BE NOTIFIED IN CASE OF EMERGENCY /NAME/RELATIONSHIP & ADDRESS	EMPLOYMENT STATUS VESSEL CURRENTLY SERVICING ON DATE EMBARKED AND ADDRESS OF THE COMPANY
PRESENT CERTIFICATE/LICENSE, PARTICULARS CERTIFICATE/LICENSE NUMBER	ISSUING AUTHORITY/STCW CAPACITY	PLEASE INDICATE CAPACITY FOR WHICH ENDORSEMENT IS REQUIRED
		MASTER <input type="checkbox"/> CHIEF MATE <input type="checkbox"/>
DATE OF ISSUE	DATE OF EXPIRY	CHIEF ENGINEER <input type="checkbox"/> SECOND ENGINEER <input type="checkbox"/>
		OFFICER i/c NAVIGATION WATCH <input type="checkbox"/> OFFICER i/c ENGINEERING WATCH <input type="checkbox"/>
IDENTITY DOCUMENT (PLEASE SEE OUR ATTACHED "REQUIREMENTS" DOCUMENTS)	COPY OF DOCUMENTS THAT SHOULD ACCOMPANY WITH THIS APPLICATION (PLEASE SEE OUR ATTACHED "REQUIREMENTS" DOCUMENTS)	RADIO OFFICER <input type="checkbox"/> PLEASE INDICATE CAPACITY FOR WHICH RATING CERTIFICATES IS REQUIRED: DECK <input type="checkbox"/> AB/WATCHMAKER <input type="checkbox"/>
TYPE: NUMBER: DATE OF ISSUE:	<ul style="list-style-type: none"> <li>PASSPORT OR NATIONAL IDENTITY CARD</li> <li>MEDICAL CERTIFICATE (ILO73 AND STCW 78 COMPLAINT)</li> <li>CERTIFICATE OF COMPETENCE AND ACCOMPANYING STCW ENDORSEMENT</li> <li>PASSPORT SIZE COLOUR PHOTOGRAPH (NAME WRITTEN ON REVERSE SIDE.</li> <li>ALL ENDORSEMENT AND MANDATORY COURSE IF APPLICABLE</li> </ul>	SEAMAN BOOK REQUIRED ? YES <input type="checkbox"/> NO <input type="checkbox"/>

PLEASE INDICATE PAYMENTS DETAILS

I, \_\_\_\_\_ (applicant) HEREBY SWEAR THAT ALL THE INFORMARION HAVE PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE (SIGNED BY THE APPLICANT IN THE PRESENSE OF NOTARY PUBLIC.

NAME OF THE NOTARY PUBLIC/CERTIFICATE OFFICER

\_\_\_\_\_

SIGNATURE OF THE NOTARY PUBLIC:

\_\_\_\_\_

DATE OF APPLICATION:

\_\_\_\_\_