APPLICATION FORM

FOR ISSUE OF CERTIFICATE OF COMPETENCY (STCW 2010) FOR OFFICERS OF THE DECK AND ENGINEERING DEPARTMENTS

IMPORTANT – BEFORE completing this form, please ensure you have read fully the guidance notes and instructions below:

1 PERSONAL DETAIL	5			
FULL NAME				
DATE OF BIRTH	DD/MM/YYYY	NATIONALITY		
PASSPORT NO				
	PERMANENT	•	PRESENT (FOR CORRESPO	NDENCE)
ADDRESS				
CITY/TOWN				
STATE				
PIN CODE				
TELEPHONE NO				
MOBILE NO		·		
EMAIL ID				

2 CERTIFICATE APPLIED FOR	Choose the	Choose the appropriate CoC by a tick $[\sqrt{\ }]$			
CERTIFICATE	CAPACITY	STCW REFERENCE	Tick [√]		
Certificate of Competency MASTER		11/2			
Certificate of Competency	CHIEF MATE	11/2			
Certificate of Competency	SECOND MATE	II/1			
Certificate of Competency	FIRST ENGINEER	III/2			
Certificate of Competency	SECOND ENGINEER	III/1			
Certificate of Competency	THIRD ENGINEER	III/1			

3 CHECK LIST You wi	You will need to submit the following documentation in self attested photocopy					
If you are already holding a Certificate of Competency or Service you must send it in with this application and						
give the following details	give the following details					
Certificate Type	<u>Certificate No</u>	<u>Capacity</u>	Country Issued			
Certificate of Competency / Service						
Continuous Discharge Certificate						

3 A BASIC DOCUMENTATION	Tick [√]
PASSPORT	
CERTIFICATE OF SERVICE & SEA SERVICE CERTIFICATE (FOR OFFICERS)	
VALID MEDICAL FITNESS CERTIFICATE	
TWO PASSPORT SIZE PHOTOGRAPHS	

www.msta-registry.com E.mail: Certification@msta-registry.com

3 B DETAILS OF STCW CERTIFICATION (MANDATORY FOR ALL APPLICANTS)						
NAME OF CERTIFICATE	INSTITUTE NAME	CERTIFICATE NO	ISSUE DATE			
BASIC COURSE						
STSDSD						
FPFF						
MFA/MMC						
AFF						
PSCRB						

3 C DETAILS OF CERTIFICATION (AS APP	LICABLE)		
NAME OF CERTIFICATE	INSTITUTE NAME	CERTIFICATE NO	ISSUE DATE
ROSC			
ARPA			
RANSCO			
ECDIS			
GMDSS General Operators Certificate of Competency			
SMS			
Master's Refreshers & Updating Course (MR&UT)			
SSOC			
OTF			
STPOTO			
Full Watch Keeping Certificate			
Engine Room Watch Keeping Certificate (for Engineer Officers)			
Boiler room Watch Keeping / IC Engine Competency/ GT Engine competency certificate (for Engineering Sailors)			

TOTAL



3 D SEA SERVICE Take details from Continuous Discharge Certificate (CDC) The sea service may be supported by testimonials, which must be signed by the Master. ALL RELEVANT SEA SERVICE MUST BE LISTED. If there is insufficient space, please continue on a separate sheet. LENGTH OF VOYAGE: this must be given in calendar months and days, eg from 10 April to 20 Jun = 2 months and 12 days. Odd days should be added together and calculated at 30 days to the month. Vessel Name gt / Voyage³ Rank/ Capacity **DURATION IMO Number** Flag Type / **DATES** S/M^2 Reg power From To Months Days $(kW)^1$

¹ Deck officers to indicate gross tonnage and Engineer Officers to indicate the Registered Power in kW.

² Type – Deck officers should state whether: Tanker, Cargo, Passenger, RO-RO, Supply, Tug, Drilling, Survey, stand-by, Yacht, etc – if Yacht please provide vessel length in meters. Engineer Officers to state Steam or Motor.

³ Voyage – Deck officers should give the area in which the ship traded using the following codes: U- Unlimited, NC – Near Coastal Area

www.msta-registry.com E.mail: Certification@msta-registry.com

4 DECLARATION &		•		<u> </u>			aration is US \$ 500)
	ontained in this application is						
	any processing and verificati					ication by the	SMMA-MSTA (including any
	establish the authenticity and		he issu	ed certificat	:e).		
•	n in the centre of the spa						
• •	DINT PEN, which will be	transferre	a				
to your new STCW 2	2010 certificate						
			II	MPORTANT	– KEE	P WITHIN BO	RDER
DATE:			F	FAILURE TO COMPLY WITH THIS INSTRUCTION WILL INVALIDATION			
			THE APPLICA				
5 OFFICIAL USE ON Medical Standards Me Minimum Sea Service	t	Yes Yes	No No			easons for ejection	
All certificates supplied	d	Yes	No		N	ame	
All documentation sup	pplied	Yes	No		Si	gned	
					D	ate	
Certificate	Date of Issue	Date v	vith effect fron			Issuing Off	icer's Signature

GUIDANCE NOTES FOR THE COMPLETION OF THIS APPLICATION FORM

- PLEASE ENSURE THAT YOU READ AND UNDERSTAND THESE NOTES BEFORE COMPLETING THE FORM
- Please complete this form in BLOCK LETTERS and in black ink. If a section is not relevant to your application enter NA.
- ENSURE YOU COMPLETE THIS FORM IN FULL FAILURE TO DO SO MAY MEAN WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU AND WILL RESULT IN DELAY TO YOUR APPLICATION BEING PROCESSED.
- 1. Enclose all documents necessary to establish your eligibility for assessment and issue of an STCW 2010 Certificate of Competency. You must send in Photocopy or scan of documents. ORIGINALS will have to be submitted when requested. All documents mentioned in Para 3 should be attached.
- 2. If eligible you will be provided with a Interim Certificate of Competency (Blue Chit) as applicable.

1 PERSONAL DETAILS

- 1. Enter your personal details in the boxes provided. Your name should be given IN FULL and should be given in the same format as appears in your passport.
- Tel No and Mob No should have the ISD & STD codes.

2 CHECK LIST

- 1. Before a Certificate of Competency can be issued, you will need to submit certain documentation as specified. Scanned copies of the required documentation should be attached if the application is being forwarded by email.
- 2. Please write NA in columns which are not applicable.

3 DECLARATION & SIGNATURE

Please read the declaration. Once you are sure that the information you have given is, to the best of your knowledge, true and complete, and that the documents submitted are genuine, you should sign the declaration with your usual signature, including the date. MAXIMUM OF \$ 500 WILL BE CHARGED PENALTY FOR FALSE DECLARATION.