

Maritime Safety Authority of Fiji



APPLICATION FOR A COMMERCIAL JET BOAT DRIVER LICENCE

(In accordance with the Maritime (Jet Boat) Regulation 2014)

This Application must be submitted to the Chief Executive Officer Maritime Safety Authority of Fiji with:

- (1) valid First Aid Certificate;
- (2) valid Medical Certificate; (from MSAF approved medical practitioner)
- (3) evidence of Eyesight test; (from MSAF approved optometrist)
- (4) evidence of successfully completed a structured driver training program;
- (5) a copy of birth certificate;
- (6) 1 Passport size photo;
- (7) Fees(application) - \$28.75 (VIP); and (assessment, processing and issuance) - \$86.25 (VIP).

Applicants Details

Family Name		Given Name(s)	
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Postal Address	
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Residential Address <i>(if it's the same with postal address write "as above")</i>	
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Telephone	Email	Date of Birth	Place of Birth (Country)

Height (cm)		Colour of eyes		Colour of Hair		Gender	Male/Female
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Certificate of First Aid *(Original certificate to be sighted)*

Date Issued		Certificate No.	
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Details of Eyesight Test *(Original certificate to be sighted)*

Date Issued	Place Tested	Results	Certificate No.
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Certificate of Medical Fitness *(Original certificate to be sighted)*

Date Issued		Doctor		Telephone	
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Applicant's Declaration

I _____ (name in BLOCK LETTERS), hereby declare that the particulars entered in this application are correct and true to the best of my knowledge and belief, and that the Certificate and Testimonials submitted with this application for verification of particular entries are true and genuine documents given and signed by the persons whose names appear on them. I understand that some or all of the information provided on this form may be disclosed to Government Authorities.

Applicant's Signature	Taken and declared before me At _____ This ____ day of _____ 20 ____
Signature <i>(Justice of the Peace/Commissioner of Oaths)</i>	Name <i>(please print)</i>