

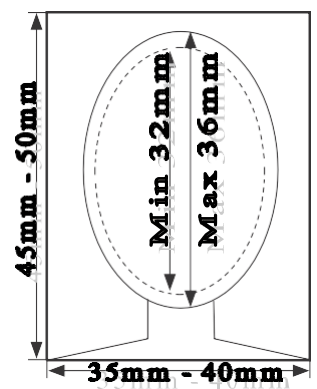


MARITIME SAFETY AUTHORITY OF FIJI

APPLICATION FOR CERTIFICATE OF COMPETENCY OR RECOGNITION

Please ensure your signature fits inside the box

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Service Required (Please tick appropriate box (Please use BLOCK LETTERS))

<input type="checkbox"/> Certificate of competency	<input type="checkbox"/> Endorsement of a Marine Certificate	<input type="checkbox"/> Replacement Certificate
<input type="checkbox"/> Certificate of Recognition	<input type="checkbox"/> Revalidation of a Marine Certificate	<input type="checkbox"/> Seaside Assessment

Seafarer Registration No. (if known)	
Class of Certificate for which this application applies	Official Receipt Number
1)	1)
2)	2)
3)	3)

Applicant's Details

Family Name		Given name(s)	
Postal Address			
Residential Address <i>(if the same postal address write 'as above')</i>			
Telephone	Email	Date of Birth	Place of birth (country)
Height (cm)	Colour of eyes	Colour of hair	Gender Male/Female

Particulars of Marine Certificates held

No.	Class	Issuing Authority	Date of issue	Date of Expiry	Endorsements	Ever suspended or Cancelled (state why)

Seafarer employment Record Book Details

Date Issued		Place Issued		Book 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.....
Signature (Justice of the Peace/Commissioner of Oaths)	Name (please print)

Declaration of Sea Service *(must be supported by Statutory Declaration/ Seafarer Employment Record Book)*
If there is insufficient space, please attach another form.

Sea-time Assessment Form (Fill in all the specific details and add up all the sea-time in days and months)								
#	Ships Name	GRT/KW Eng Power	Type of Ship	Position On-board	Voyage Description	Sign On Date	Sign Off Date	Total Sea-time In Days
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total Sea-time in Months					Total Sea-time in Days			

SRO:.....

Date:.....

Examiner:.....

Date:.....

Voyage Description:

- Foreign going - FG
- Near Coastal - NC
- Territorial Seas - TS
- Other Types – Specify.....

GRT / Engine Power:

- Deck crew – Fill in the GRT
- Engineers – Fill in the Main Engine Horsepower (KW)
- Passenger/Cargo

Ship Type:

- Container / General Cargo – GC
- RORO Ships – RR
- LPG Tanker – LPGT

- Car Carrier – CC
- Offshore – OS
- Dry Bulk – DB
- Oil / Chemical Tanker – OCT

Abbreviations

Area of operation	Type	Principal Duties	Official Use Only
UL- Unlimited NC- Near Coastal TW- Territorial Waters IS- Inshore SW- Sheltered Waters PA- Pilotage Areas	C- Commercial Vessel FV- Fishing Vessel RP- Recreational N- Naval R- Rescue T- Tankers PC- Pass/ Cargo P- Passenger RR- RO- RO HS- High Speed Craft CS- Cable NA- Navaid O- Others (<i>please specify</i>) PC- Pleasure Craft	M- Master CM- Chief Mate 2M- Second Mate 3M- Third Mate WKD- Watchkeeper Deck DR- Deck Rating AB Deck IR- Integrated Rating CE- Chief Engineer 2E- Second Engineer 3E-Third Engineer WKE- Watchkeeper Engineer ER- Watch Rating Engine AB Engine P- Pilot O- Others (<i>Please specify</i>)	Total Service:..... Commercial:..... Last 5 years:..... >3000GT/kW..... <3000GT/kW..... <1600GT/1500kW..... <5000GT/750kW..... <80GT/500kW..... <20GT 250 kW..... Seetime Approved: Y/N Certificate: Sign: Date/Stamp:

Statement of Service Ashore (ENGINEERS)

No. of Testimonials	Name & Address of Firm & workshop	Nature of Business	Nature of work done by applicant	From	To	No. of Days	Remarks

Course Details (*including approved Training Institutions and associated specialist courses*)

Course Title	Training Institution	Date of issue

Guide to completing this Application

Application for Seatime Assessment

- Complete pages 1 & 2 of this application
- The following must be lodged with this application
 - ∞ Two (2) passport sized photographs
 - ∞ Proof of Identity (*see note on Proof of Identity below*)
- Provide Record of Service or Statutory Declaration to support seatime claimed

Application for Certificate of Competency

- Complete pages 1 & 2 of this application
- The following must be lodged with this application
 - ∞ Two (2) passport sized photographs
 - ∞ Result of eyesight test
 - ∞ Seafarers Medical Fitness Certificate (*dated within 1 year of this application*)
 - ∞ Character Reference (*must have been written not more than 1 year prior to this application*)
 - ∞ Proof of Identity (*see note on proof of Identity below*)
- Provide record of Service or Statutory Declaration to support seatime claimed
- Other prerequisites relevant to the class of certificate as described in Notes for the Guidance of Candidates
- Pay the fee (*the fee is subject to change*)

Application for a Certificate of Recognition

- Complete pages 1 of this application
- Two (2) passport size photographs
- The original Certificate or a copy certified by a Justice of Peace, Commissioner of Declarations or Official of a Maritime Safety Authority or other official should accompany this application
- Pay the fee (*the fee is subject to change*)

Application for Amendment/Renewal of a Maritime Certificate

- Complete pages 1 & 2 of this application
- Other pre-requisites may apply (*please contact the Qualification & Licensing Division of MSAF for information*)
- The original certificate must accompany this application
- Pay the fee (*the fee is subject to change*)

Application for Replacement of Certificate

- Complete page 1 of this application
- Two (2) passport size photographs
- Pay the fee (*the fee is subject to change*)

Proof of Identity

- You must proof your identity by providing a certified copy of your Birth Certificate or Extract
- Original or certified copies of another identification document showing your signature must be produced

Photographs

- We require two (2) identical colour photographs of you
- The photographs should be a full view of your head and shoulders without any head covering or tinted glasses and have a plain, light coloured background
- The photographs must be more than 12 months old
- Poor quality photographs will not be accepted

Other Information

- Notes of the guidance of Candidates and general Syllabus outline for each class of certificate are available from the Qualification & Licensing Division, MSAF. A detailed syllabus for each Class is available for a Fee. Individual course Modules are available at various training establishments for a fee.
- All applications for Seafarers must be addressed to the Chief Executive Officer (MSAF) G.P.O Box 326, Suva, Fiji Islands.
Telephone: (679) 3315 266 / 3318 188 Fax: (679) 3303 251 / 3313127 . Email: info@msaf.com.fj

