

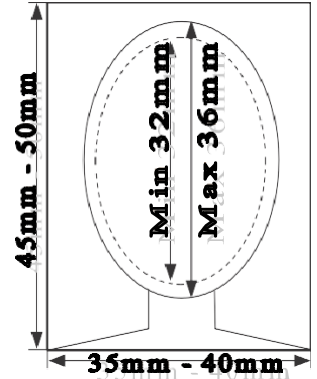


Form No. 6

**APPLICATION FOR CERTIFICATE OF COMPETENCY OR RECOGNITION**

Please ensure your signature fits inside the box

--



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

Boat Master License	<input type="checkbox"/>
Restricted Master Engineer Class 6	<input type="checkbox"/>

**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 <i>(country)</i>
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	

**Certificate of Medical Fitness** *(Original Certificate to be attached)*

Date Issued		Doctor		Doctor's Telephone	
-------------	--	--------	--	--------------------	--

**Applicant's Declaration**

I certify that the information provided by me in this form is true and accurate and I make this statement knowing that I may be prosecuted for providing false or misleading information.

I understand I must provide such further information as is required of me.

Applicant's Signature	Name <i>(please print)</i>
-----------------------	----------------------------

**NB: Any person who provides false or misleading information in this application commits an offence under the Crimes Act 2009 and is liable to prosecution.**