



**SEYCHELLES MARITIME SAFETY AUTHORITY
APPLICATION TO SIT AND REVALIDATE COXSWAIN/DECK OFFICER AND
MECHANIC CERTIFICATE OF COMPETENCY**

1. GUIDANCE

NOTE 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 NIL.

ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEANS WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED.

2. PERSONEL DETAILS

Enter your personal details in the boxes provided. Your names should be given IN FULL, and should be given in the same form as it appears in your passport or other national identity document.

Your date should be given in the format DD/MM/YYYY, e.g. 18 February 2004 would be written 18/02/2004.

National Identity Number should be that in your Passport or Seaman Book.

You should give your permanent home address, where you normally resident. You may also provide an alternative address for return of documents or correspondence relating to this application, e.g. if you are away.

<i>Surname</i>	
<i>Name</i>	
<i>Date of Birth</i>	
<i>Place of Birth</i>	
<i>Nationality</i>	
<i>Sex:</i>	
<i>National Identity No.</i>	
<i>Address</i>	
<i>District</i>	
<i>Telephone No:</i>	
<i>Mobile No:</i>	
<i>Fax No:</i>	
<i>Email:</i>	

***IMr./Mrs./Ms.....confirmed that I will sit the examination on the
...../...../.....as per the examination dates set in the calendar for the current year.***

<i>For Official use only</i>	<i>DATE</i>	<i>SIGNATURE</i>
<i>The application has been approved</i>		
<i>The application has not been approved.</i>		
<i>(Reasons :)</i>		

3. REVALIDATE: DETAILS OF CURRENT CERTIFICATE OF COMPETENCY

Please complete the details for your current Certificate of Competency in full.

<i>Certificate No:</i>	
<i>Expiry Date:</i>	
<i>Type:</i>	
<i>Capacity:</i>	

4. NEW APPLICATION:

<i>Certificate applied for</i>	
<i>Capacity</i>	

5. SEA SERVICE

Sea Service must be supported by Discharge Book entire testimonials, and where appropriate, watchkeeping certificates. The Master, Chief Engineer or some other responsible company representative must countersign testimonials. Sea Service form must be completed.

6. YOUR SIGNATURE AND DECLARATION

Please read the declaration in Section 12. Once you are sure that information you have given is to the best of your knowledge, true and complete, and that the documents submitted are genuine, given and signed by the persons whose names appear on them, you should sign the declaration with your usual signature, including the date.

7. PAYMENT

You must enclose the appropriate fee with your application. Cash or Cheque is accepted. Payment by Cheque shall be payable to "Seychelles *Maritime Safety Authority*".

8. DOCUMENTS

Before a Seychelles Certificate of Competency can be issued, you will need to submit ALL documentation as specified in Section 10 before the application is approved. Photo Copy documents MUST be submitted.

9. PHOTOGRAPHS

Your photographs must be taken full face without a hat and must be passport size photographs, measuring a maximum of 50mm x 40mm colour. The back of one photograph must include your name in BLOCK LETTERS.

10. CHECK LIST

You must submit all or original documents listed in this section before your application is approved.

	<i>Document</i>	
<i>a</i>	<i>1 Passport size photograph</i>	
<i>b</i>	<i>Current Certificate of competency</i>	
<i>c</i>	<i>Sea Service testimonials</i>	
<i>d</i>	<i>Discharge Book</i>	
<i>e</i>	<i>Medical Certificate (from an approved doctor)</i>	
<i>f</i>	<i>Copy of Passport/Identity Card</i>	
<i>g</i>	<i>Elementary First Aid Certificate</i>	
<i>h</i>	<i>Fire Prevention & Fighting Certificate</i>	
<i>i</i>	<i>Personal Survival Techniques Certificate</i>	
<i>j</i>	<i>Personal Safety & Social Responsibilities Certificate</i>	
<i>k</i>	<i>Radio Certificate (ROCP)</i>	
<i>l</i>	<i>GOP (Foreign National)</i>	
<i>m</i>	<i>Examination Fee SR100 oral And SR200 written</i>	
<i>n</i>	<i>Issue of Certificate SR200</i>	

11. PROCESSING

You should allow 30 days for processing of document.

12. YOUR SIGNATURE AND DECLARATION

I declare that the data contained in this application is, to the best of my knowledge, true and complete. I also declare that the documents are genuine, given and signed by the persons whose names appear on them. I consent to any processing of the data contained in this application by the SMSA (including any processing necessary to establish the authenticity and validity of the issued certificate)

Please sign this form in the center of the space below,

Date:

**IMPORTANT – KEEP WITHIN BOARDER
FAILURE TO COMPLY WITH THIS
INSTRUCTION WILL INVALIDATE THE
APPLICATION**

Date of issue: NIL Document code: SMSA-FM-EXM-01-(01)

Revision date: Document Type: Examination
Application Form

