



APPLICATION FOR A CERTIFICATE OF COMPETENCY

Use this form for first time issue, renewal or other renewal (revalidation) of a certificate of competency.

If you are unsure of any information, or it is not applicable, please leave blank.

To lodge, take or send your application and any attachments to your local marine safety agency, and pay any relevant fees.

A. Applicant details

Title (Mr, Mrs, Ms, etc.) <input type="text"/>	Surname <input type="text"/>	Given name(s) <input type="text"/>		
Date of birth <input type="text"/>	Place of birth (town, state, country) <input type="text"/>			
Street name and number <input type="text"/>	Town / suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
Postal Address <input type="checkbox"/> Same as street address <input type="text"/>	Town / suburb <input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>	
Phone <input type="text"/>	Mobile <input type="text"/>	Email <input type="text"/>		

B. Applicant status

You must answer the following questions, before consideration of this application may be undertaken by the National Regulator or its Delegate. Tick either Yes or No for each of the questions below.

- 1 Have you had a similar certificate, issued under a law of the Commonwealth or a State or Territory, suspended, revoked or cancelled? Yes No
- 2 Are you suffering from any medical condition or are you aware of a physical or mental incapacity that may affect your ability to perform duties under this certificate? Yes No
- 3 Have you been found to be "not a fit and proper person" under a law? Yes No

If the answer to any of the questions above is 'Yes', please provide further details (continue on a separate page if necessary)

C. Certificate(s) applied for (first time issue)

Certificate	Kind	Task book number	Details of restrictions applied for	Details of endorsements applied for

D. Certificate(s) for renewal / other renewal (revalidation)

Certificate number	Kind	Issue date	Expiry date	Conditions, endorsements or restrictions	Issuing marine safety agency

E. Courses completed

Items marked with an asterisk (*) are not required for renewal and other renewal (revalidation) applications.

Approved course	Issue date	Name of approved training organisation	Place of issue	Name of certificate obtained or course	Qualification level
Relevant course/qualification					
HLT Health Training package unit of competency (<i>provide first aid</i>) (<i>not required for Coxswain 2 NC</i>)					
Safety and emergency*					
Elements of shipboard safety*					
Other safety certificate					
MROVCP* <i>Only required for Coxswain 1 NC</i>					
MROCP* <i>All deck certificates other than Coxswain 1 and 2 NC</i>					
Other marine radio certificate*					

F. Satisfaction of eligibility requirements

If you are lodging your application in person, please provide the original of each item checked below.

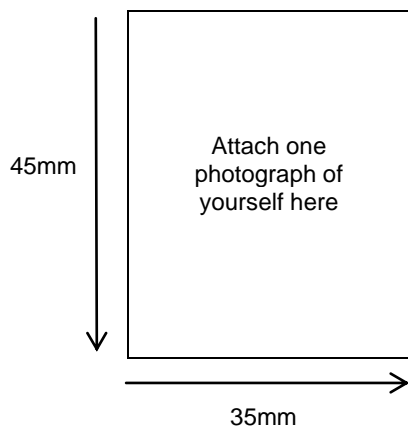
If you are making an application by post, the National Regulator will require certified copies of your identification documents as well as certification of your attached photographs.

	Document to be attached	First time issue	Renewal	Other renewal (revalidation)
1	Evidence of courses completed as listed in Section E	<input type="checkbox"/>		
2	A completed National Regulator approved task book for the certificate (<i>if applicable</i>)	<input type="checkbox"/>		
3	Copy of HLT Health Training package unit of competency (<i>Provide first aid</i>) (<i>not required for Coxswain 2 NC</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Proof of identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Current photograph (<i>two copies</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Notification of Result of Sea Service Assessment (excluding General Purpose Hand Near Coastal) or	<input type="checkbox"/>		<input type="checkbox"/>
	Record of Sea Service or	<input type="checkbox"/>		<input type="checkbox"/>
	A declaration, in a form acceptable to the National Regulator or	<input type="checkbox"/>		<input type="checkbox"/>
	An approved sea service log book or task book; or	<input type="checkbox"/>		<input type="checkbox"/>
	A letter from the operator, owner, master or chief engineer of a vessel detailing the sea service accrued	<input type="checkbox"/>		<input type="checkbox"/>
7	Certificate of competency (<i>still applicable if expired</i>)		<input type="checkbox"/>	<input type="checkbox"/>
8	Evidence of Qualifying Sea Service to meet requirement of 120 days over no more than five years before the application: or			<input type="checkbox"/>
9	Evidence of meeting the other requirements for an applicant that does not meet the sea service requirements:			
	- A completed approved renewal course or			<input type="checkbox"/>
	- A completed approved final assessment (Examiners report – final assessment) or			<input type="checkbox"/>
	- Evidence of 60 days accrued qualifying sea service in the six months before the application or			<input type="checkbox"/>
	- Evidence of other approved industry experience or			<input type="checkbox"/>
	- A National Regulator approved task book for the certificate			<input type="checkbox"/>
10	Eyesight Test Certificate – (Vision) (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/> ±	<input type="checkbox"/>
11	Eyesight Test Certificate – (Colour-Vision) (<i>if applicable</i>)	<input type="checkbox"/> ±	<input type="checkbox"/> ±	<input type="checkbox"/>
12	Self-declaration of Medical Fitness (<i>if applicable</i>) or	<input type="checkbox"/> ^	<input type="checkbox"/> ^	
	Certificate of Medical Fitness for a Marine Qualification (<i>if applicable</i>)	<input type="checkbox"/> +		<input type="checkbox"/>

- ± Eyesight Test Certificate (**Vision**) required for **first time issue** for General Purpose Hand NC, Marine Engineer Driver Grade 3 NC, Marine Engine Driver Grade 2 NC, Coxswain Grade 1 NC, Coxswain Grade 2 NC, Master (Inland Waters), Master <24m NC, Master <35m NC, Mate <80m NC, Master <80m NC, Marine Engine Driver 1 NC, Engineer Class 3 NC.
- ± Eyesight Test Certificate (**Colour-Vision**) required for **first time issue** for Coxswain Grade 1 NC, Coxswain Grade 2 NC, Master (Inland Waters), Master <24m NC, Master <35m NC, Mate <80m NC, Master <80m NC, Marine Engine Driver 1 NC, Engineer Class 3 NC.
- ± Eyesight Test Certificate (**Vision and Colour-Vision**) required for **renewal** of Master <35m NC, Mate <80m NC, Master <80m NC, Marine Engine Driver 1 NC, Engineer Class 3 NC.
- ^ Self-declaration of Medical Fitness required for **first time issue** and **renewal** of General Purpose Hand NC, Coxswain Grade 2 NC, Coxswain Grade 1 NC, Master <24m NC, Master (Inland Waters), Marine Engine Driver Grade 3 NC, Marine Engine Driver Grade 2 NC.
- † Certificate of Medical Fitness required for **first time issue** and **renewal (revalidation)** of Master <35m NC, Mate <80m NC, Master <80m NC, Marine Engine Driver Grade 1 NC, Engineer Class 3 NC

G. Applicant's photograph

Include **two** photographs of yourself, taken within the previous six months. Attach one below and include a second with this application.



H. Applicant's declaration and consent

I declare that:

- to the best of my knowledge the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I consent to the Australian Maritime Safety Authority, as the National Regulator, making all reasonable enquiries in order to verify that the information provided by me in this application (and any attachments I have included with this application) is true and correct.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask that I provide any information or document that the National Regulator reasonably considers necessary for consideration of this application.
- I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask another person to provide any information, document or agreement that the National Regulator reasonably considers necessary for consideration of this application.

Signature

Name

Date

Privacy Statement

The collection of information requested in this form is required or authorised by *Schedule 1 of the Marine Safety (Domestic Commercial Vessel) National Law Act 2012* (the Act). It will be used for purposes related to the Act and may be provided to Commonwealth or State/Territory government agencies for the purposes of marine safety. Failure to provide the information may result in the transaction not being processed. To contact us, or for more information on how to access or correct your personal information, how to make a privacy complaint, or how your information may be used or disclosed for purposes beyond those described in this statement, visit <http://www.amsa.gov.au/privacy>.