

MINISTRY OF CIVIL AVIATION PORT & MARINE
DEPARTMENT OF TRANSPORT
Seychelles Maritime Safety Authority
 2nd Floor Trinity House Victoria, P. O. Box 912, Republic of Seychelles
 Tel: 4224866, Telefax: 4224829, E-mail: dg@smsa.sc
 Please address all correspondence to the Chief Executive Officer



SEYCHELLES MARITIME SAFETY AUTHORITY
Application for a qualifying sea service assessment

Please read the Notes to Applicants overleaf before completing this form

A. Particulars of applicants

Name in English: (Surname first)		Date of Birth: (DD/MM/YY)	
N.I.N.:		Sex:	Male / Female
Home Address:			
Telephone No Mobile: Home:	Fax No: Home:	Email:	

B. Education and Training

Degree Higher Diploma /Higher certificate /Diploma

In _____

Details of maritime education obtain (in chronological order):

Name of school, Technical Institute/Polytechnic/University	Courses attended	Date (MM/YY)		Level/Certificates obtain
		From	To	

C. Sea Service

Particulars of ship					Rank	Date (DD/MM/YY)		Length of service	
Ships name	Type of ship	Flag state & IMO No.	GT	Power in KW		From	To	Month	Day

D. Documents/ Certificates submitted

- | Original | Copy | |
|------------------------------|------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Identity card/ Passport |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Continuous Discharge Certificate (CDC) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Maritime Education certificates(s) Diploma/Degree (if any) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Medical Fitness Certificate |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Letter of employments |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Others (PST/PSSR , Fire Fighting , First Aid , Security Awareness' as per STCW 1978 as amended) |
|
<input type="checkbox"/> |
<input type="checkbox"/> |
7. Steering Certificate |
|
<input type="checkbox"/> |
<input type="checkbox"/> |
8. Current Certificate of Competency Hold |

Declaration

- 1) I declare that all the information and documents given in this application are as far as I know true and complete .
- 2) I understand that if I give false or incorrect information intentionally , or forge the employment contract, will render myself liable to legal prosecution.
- 3) I understand that my application will not be processed if I fail to provide all the requested information.
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- 4) I agree that the data provided in this application can be used by the Seychelles Maritime Safety Administration or other parties authorized by law.

Signature if applicant _____ Date: _____

Certificate applied for :

- Rating Forming Part of a Navigational Watch , Rating Forming Part of an Engineering Watch ,
 Able Seafarers Deck , Able Seafarers Engine

E. Cadetship Training (to be completed by employer)

Name of employer (Shipping Company) _____

Address: _____

Tel. No: _____ Fax No: _____ E-mail: _____

Proposed commencement date or commencement date of the cadetship training: _____

Name and Signature of Employers Representative:

_____ Date: _____

For official use only:

The applicant requires _____ month's _____ day's sea service before qualifying to sit for the class 3,4,5 Deck/ Engineer Officer A , B Examination held by MTC.

Rating Forming Part of a Navigational Watch , Rating Forming Part of an Engineering Watch , Able Seafarers Deck , Able Seafarers Engine

Application for incentive:

- Approved Rejected (Reasons) _____

Name and Signature of Authorized person

Date

Record of sea service

Ships particular	Date	Length of service
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