

APPLICATION FOR MARINE CERTIFICATION

Application No.:
STA No.:

Important Information: You must complete this form to apply for a Certificate of Competency to work as a crew member on a commercial vessel in NSW. You must also complete this form to revalidate an existing Certificate, have a Certificate issued by another authority recognised for use in NSW, apply for a replacement Certificate, apply for a Record of Service (ROS) or ROPES book, or an endorsement of a current Certificate of Competency.

You must provide proof of identity documents with each application and pay the relevant fee. You must also provide the documents listed below, or certified copies:

New Certificate: Two colour passport photos, evidence of sea service, evidence that you have completed an approved training course, a current approved first aid certificate and a certificate of medical fitness.

Revalidation: Two colour passport photos, your Certificate of Competency (not a copy), a current approved first aid certificate and a certificate of medical fitness.

Recognition of Certificate issued by another authority: Two colour passport photos and your current Certificate (not a copy).

General Purpose Hand: Two colour passport photos, evidence that you have completed an approved training course, a current approved first aid certificate and a certificate of medical fitness.

Endorsements: Your current Certificate of Competency, evidence of experience such as bar crossings, and evidence that you have completed any required training courses.

Further information is available on the NSW Maritime website: www.maritime.nsw.gov.au, the NSW Maritime Info Line 13 12 56 or Commercial Operations (02) 9563 8769 or your local Maritime Services Operations Centre. Send your completed application, by registered mail, to Maritime Services, Marine Certification, Locked Bag 5100, Camperdown, NSW, 1450.

SECTION 1

APPLICATION FOR (Please tick appropriate box)

New Certificate of competency

Grade

Assessment of sea service

Grade

Revalidation of

(i) Certificate number:Expiry date:...../...../.....

(ii) Certificate number:Expiry date:...../...../.....

(Please complete section 5).

Recognition of Certificate issued by another authority

Certificate number (i):Expiry date:...../...../.....

(ii):Expiry date:...../...../.....

Replacement Certificate (Please complete section 6).

General Purpose Hand

Record of Service book or R.O.P.E.S.

Extension of operating conditions or the lifting of restrictions on a certificate

Bar endorsement for

Square rig endorsement

Certificate to operate vehicular ferry in chains

Special operations endorsement for dangerous/hazardous goods

SECTION 2

DETAILS OF APPLICANT

Surname.....

Given names.....

Residential address (PO Box is not acceptable, application will not be processed unless residential address is supplied)

.....

.....Postcode.....

Postal address (if same as residential address, please write "as above")

.....

.....Postcode.....

Telephone

Sex Male Female

Private ()..... Business ().....

Mobile Fax ().....

Date of Birth / /

E-mail

SECTION 3

APPLICANT'S SIGNATURE (BLACK OR BLUE INK)
(Please sign within the box provided)

Paste colour passport photo here

Photos to have name of applicant written on back

(Office use only)

Licence no.

Batch no.

**SECTION 5
REVALIDATION OF A CERTIFICATE**

(You may qualify for revalidation in a number of ways, tick the appropriate box below. However, if your certificate of competency has expired for more than 12 months you will need to complete a revalidation oral examination.)

Have you completed one year (that is 240 days or 1800 hours) of sea service within the past 5 years? (Evidence of sea service does not need to be provided with this application. However, you must be able to present documentary evidence of sea service should NSW Maritime request it.) Yes

Or

Have you completed one year of employment in the past 5 years in an occupation such as a marine surveyor, marine pilot, harbour master, trainer providing marine training in a Registered Training Organisation or manager of a commercial fishing or trading vessels? Yes

Or

Have you completed an approved revalidation course? Yes

Name of Course

Or

If you do not meet any of the above criteria you can sit a NSW Maritime revalidation oral examination, would you like to arrange a booking? Yes

**SECTION 6
REPLACEMENT CERTIFICATE**

When a replacement certificate is issued your current certificate will be cancelled.

Why are you applying for a replacement Certificate?

Lost Stolen Damaged, please return your damaged Certificate with your application.

SECTION 7

WARNING: The Marine Safety (Commercial Vessels) Regulation 2010 clause 9(1) allows the Minister to suspend or cancel a certificate if any information provided is found to be false, misleading or inadequate.

PRIVACY: THIS SECTION MUST BE COMPLETED BY ALL APPLICANTS. NSW Maritime, a part of Roads and Maritime Services, has a policy on the use of personal information under the Privacy Act – 1998 and details are available on the NSW Maritime Website www.maritime.nsw.gov.au or in the brochure “Proof of Identity and the Use of Personal Information”.

I acknowledge that I am aware NSW Maritime may disclose information from this application to certain agencies and that the information provided by me in this application is complete, true and correct in every detail. I understand that failure to supply this information may result in this application not being processed.

Applicant's SignatureDate:...../...../.....

CHECK LIST

Check that you have supplied the following items or your application will be returned.

- Proof of identity documents (all applications)
- Two colour passport photos (all applications)
- Evidence of sea service (new certificates, endorsements, lifting restrictions)
- Evidence of approved training (new certificates including general purpose hands, endorsements, lifting restrictions)
- Approved first aid certificate (new certificates including general purpose hands and revalidation)
- Certificate of medical fitness (new certificates including general purpose hands and revalidation)
- Your current certificate of competency (revalidation, recognition, endorsements and lifting restrictions)
- Prescribed fee (all applications)

**Send your completed application, by registered mail, to:
Maritime Services, Marine Certification
Locked Bag 5100, Camperdown, NSW, 1450**

CERTIFICATE OF MEDICAL FITNESS (EYESIGHT) FOR A MARINE QUALIFICATION

Complete this section if you are applying for a new Certificate of Competency or you are revalidating an existing Certificate and you have not provided a medical certificate within the last two years. An eyesight test may be conducted by a suitably qualified medical practitioner, optometrist or ophthalmologist.

Important Information: A deck watchkeeper must be able to identify dangers to navigation at a safe distance. At night or in restricted visibility a deck watchkeeper must be able to distinguish between fixed and flashing lights (such as white, red, green, yellow and blue) which are fitted to vessels and navigation aids. An engineer must be able to distinguish between colours used to identify electrical wiring and piping. For this examination glasses or contact lenses must not be coloured or tinted.

1. WITH OR WITHOUT GLASSES OR CONTACT LENSES

The applicant must meet the minimum standard of 6/6 in the better eye and 6/9 in the other eye. Enter the minimum standard for each eye in the boxes below.

Right / Eye

Left / Eye

Does the applicant meet the minimum standard?

NO

YES

Were the minimum standards met without glasses or contact lenses?

NO

YES

If no, please tick either Glasses Contacts

2. NEAR VISION – WITH OR WITHOUT GLASSES OR CONTACT LENSES

The applicant must be able to read the N5 chart from 300 – 500mm.

Does the applicant meet the minimum standard?

NO

YES

3. WITHOUT GLASSES OR CONTACT LENSES

The applicant must meet the minimum standard of 6/30 in each eye without glasses or contact lenses. Enter the minimum standard for each eye in the boxes below.

Right / Eye

Left / Eye

Does the applicant meet the minimum standard?

NO

YES

4. COLOUR VISION

Full colour vision testing is not required for applicants for Marine Engine Driver Grade 2 or Marine Engine Driver Grade 3 Certificates. The applicant must successfully identify 21 of the 24 plates in the Ishihara test. If the applicant fails 4 or more plates, the Holmes–Wright lantern test may be given as an alternate. Colour correction devices must not be worn during these tests.

Can the applicant distinguish basic colours (MED 2 and MED 3 only)?

NO

YES

Did the applicant pass the Ishihara test?

NO

YES

If no, did the applicant pass the Holmes–Wright lantern test?

NO

YES

STATEMENT BY MEDICAL PRACTITIONER

I have examined (insert name of applicant) Date of birth...../...../.....

This person:

meets the eyesight standards above

does not meet the eyesight standards above

This person is a regular patient

NO

YES

NAME OF DOCTOR

SIGNATURE OF DOCTOR

PROVIDER NUMBER.....

(Please Stamp)

DATE OF EXAMINATION...../...../.....

(Valid for 2 years from this date)

ADDRESS

PHONE NUMBER

CERTIFICATE OF MEDICAL FITNESS FOR A MARINE QUALIFICATION

Complete this section if you are applying for a new Certificate of Competency or you are revalidating an existing Certificate and you have not provided a medical certificate within the last two years. Medical fitness examinations are to be based on normal criteria. The requirements listed below are to ensure that a person can perform their duties onboard a commercial vessel without creating an unacceptable risk to themselves, other crew members, passengers or the safe operation of a vessel.

HERNIA: Does the applicant have a hernia?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, has the hernia been corrected by an operation?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
SPEECH: Does the applicant have clear speech? <i>(that is, able to give orders effectively in an emergency)</i>	<input type="checkbox"/> NO	<input type="checkbox"/> YES
HEARING: Can the applicant hear in each ear during testing by whispered voice, watch or other approved test?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
<i>If No, further testing by audiogram is required. Record the test results below. Hearing loss in each ear must not be greater than 40 decibels (AMA standard) for the frequencies 500Hz, 1000Hz and 2000Hz.</i>		
Audiogram Test Results:		
	Loss in dB	
Test Frequency	500Hz	1000Hz
Left Ear		
Right Ear		
Did the applicant wear hearing aids to meet the standard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, would the hearing aids be effective in a noisy environment such as a commercial vessel?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
ARTIFICIAL LIMBS: Does the applicant have artificial limbs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, will the applicant be able to perform their duties efficiently?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
If No, provide details		
EPILEPSY: Is the applicant epileptic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, has the applicant been free from attack without the use of anticonvulsant drugs for 2 years?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
CARDIAC PACEMAKER: Does the applicant have a cardiac pacemaker?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, considering the nature of the disease and reliability of the pacemaker, is the applicant fit to work on a commercial vessel?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
DIABETES: Does the applicant have insulin dependant diabetes or any form of diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, is the diabetes effectively managed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
TUBERCULOSIS: Does the applicant have pulmonary tuberculosis?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, has the disease been controlled or inactive for at least the previous 6 months?	<input type="checkbox"/> NO	<input type="checkbox"/> YES

STATEMENT BY MEDICAL PRACTITIONER

I have examined *(insert name of applicant)* Date of birth/...../.....

This person:

- meets** the requirements above
 does not meet the requirements above

This person is a regular patient YES NO

NAME OF DOCTOR SIGNATURE OF DOCTOR

PROVIDER NUMBER DATE OF EXAMINATION...../...../.....
(Please Stamp) (Valid for 2 years from this date)

ADDRESS

PHONE NUMBER

CREDIT CARD PAYMENT DETAILS: For details of fees please visit www.maritime.nsw.gov.au or call (02) 9563 8769

Please debit my - MasterCard Visa Card

Card No:

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Credit Card Expiry Date:/...../.....

Cardholder's Name: _____

Cardholder's Daytime Contact Phone No: _____

Cardholder's Signature: _____

AMOUNT: (\$) _____

PRE-REQUISITES (Office use only. Evidence of the following items must be sighted.)

Officers Signature	Documents	Date Received	Officers Signature	Courses	Date Completed
	Proof of age & identity			First Aid Certificate	
	Two colour passport photos (Name and signature on back)			Marine Radiotelephone certificate number:	
	Original Certificate (For recognition, revalidation, endorsements)			Approved Training Course Operations Certificate	
	Eyesight & Medical Test			Issued by _____	
	Evidence of sea service <input type="checkbox"/> Record of Service <input type="checkbox"/> Supporting letters/references <input type="checkbox"/> ROPES <input type="checkbox"/> Log books <input type="checkbox"/> Statutory Declaration <input type="checkbox"/> Other Reduction for ROPES/ROS/CBT is _____ months			Engineering Certificate	
				Issued by _____	

Fee paid \$ _____

Additional fee \$ _____

Sea service approved Yes No Grade of Certificate

Assessor's signature:

Proof of Identity (To be completed by Examiner prior to oral examination)

Document name:..... No:.....

Examiner's signature:

Exam Date	Location	NSW Maritime Assessor	Result / Remarks

DETAILS OF CERTIFICATE ISSUED (Office use only. To be completed by Examiner.)

CERTIFICATE (I)

Grade

Type.....

Endorsements: Codes

Recommended By:.....Date:...../...../.....

Notes:.....

.....

.....

Next Revalidation Due Date / /

Certificate Number(s)

Managers Approval: To Print:.....To Issue (Post):.....

CERTIFICATE (II)

Grade

Type.....

Endorsements: Codes

Recommended By:.....Date:...../...../.....

Notes:.....

.....

.....

Next Revalidation Due Date / /

Certificate Number(s)

Managers Approval: To Print:.....To Issue (Post):.....