

SEAFARER LICENSING – Application Form

APPLICATION FOR A MARITIME CERTIFICATE OF COMPETENCY – 15088
 Maritime New Zealand, PO Box 27006, Wellington, 6141. Phone 04 473 0111

SECTION 1 TO BE COMPLETED BY ALL CANDIDATES

SURNAME: _____ FIRST NAME(S): _____

NATIONALITY: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ADDRESS: _____ HOME PHONE: _____

(POSTAL) _____ FAX NUMBER: _____

Code: _____ MOBILE PHONE: _____

EMAIL ADDRESS: _____

Training Provider: _____

Start Date: _____

Exam Date: _____

SECTION 2 –please tick relevant box(s)

DECK CERTIFICATES	ENGINEERING CERTIFICATES	ENDORSEMENTS
Master Foreign Going <input type="checkbox"/>	Please indicate below for steam or motor	STCW95 (to NZ Offshore Master) <input type="checkbox"/>
Master FG (<3000gt) <input type="checkbox"/>	Steam <input type="checkbox"/>	Ro-Ro Officer / Rating <input type="checkbox"/>
Chief Mate Foreign Going <input type="checkbox"/>	Motor <input type="checkbox"/>	Tanker (please circle relevant endorsement)
Officer in Charge of Navigational Watch FG Ship <input type="checkbox"/>	Steam and Motor <input type="checkbox"/>	Class 1 OIL CHEM LPG/LNG
Master Deep Sea Fishing <input type="checkbox"/>	Marine Engineer Class 1 <input type="checkbox"/>	Class 2 OIL CHEM LPG/LNG
Mate Deep Sea Fishing <input type="checkbox"/>	Marine Engineer Class 2 with Chief Engineer Endorsement <input type="checkbox"/>	OTHER
NZ Offshore Master <input type="checkbox"/>	Marine Engineer Class 2 <input type="checkbox"/>	GMDSS <input type="checkbox"/>
NZ Offshore Watchkeeper <input type="checkbox"/>	Chief Engineer of Deep Sea Fishing Vessel <input type="checkbox"/>	Revalidation of Certificate(s) <input type="checkbox"/>
Inshore Launchmaster <input type="checkbox"/>	Marine Engineer Class 3 <input type="checkbox"/>	Renewal of Certificate(s) <input type="checkbox"/>
Local Launch Operator <input type="checkbox"/>	Marine Engineer Class 4 <input type="checkbox"/>	Replacement of Certificate(s) <input type="checkbox"/>
Advanced Deckhand <input type="checkbox"/>	Marine Engineer Class 5 <input type="checkbox"/>	Recognition of Certificate(s):
Advanced Deckhand Fishing <input type="checkbox"/>	Marine Engineer Class 6 <input type="checkbox"/>	Nautical: <input type="checkbox"/>
Certificated Deckhand <input type="checkbox"/>	RATINGS	Engineering: <input type="checkbox"/>
NZ Master (Yacht) <input type="checkbox"/>	AB <input type="checkbox"/>	Examination Resit <input type="checkbox"/>
NZ Master (yacht <500gt) <input type="checkbox"/>	Deck Watch Rating <input type="checkbox"/>	
NZ Chief Mate (yacht) <input type="checkbox"/>	Engine Room Watch Rating <input type="checkbox"/>	

For Pilotage applications, please see separate application forms.

SECTION 3 – To be completed only for the issue of a Replacement Maritime Document

GRADE(s)

NUMBER(s)

DATE(s) OF ISSUE

DECLARATION:

I, _____ (FULL NAME)

of _____ (ADDRESS)

Do solemnly and sincerely declare that:

My certificate(s)/licence(s), particulars of which are given above, was/ were lost / destroyed (circle correct option)

At _____ (PLACE)

On _____ (DATE)

Under the following circumstances: (give full details – continue on separate sheet of paper if necessary)

Statements made herein, and in sections A & B of this form, are correct and true to the best of my knowledge, and belief; And I make this declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

(CAUTION – EVERY PERSON WHO MAKES A FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A MARITIME DOCUMENT IS LIABLE TO IMPRISONMENT FOR A PERIOD NOT EXCEEDING 12 MONTHS OR TO A FINE NOT EXCEEDING \$5000)

Signature:

Declared at: _____ **on** _____

Before me :

(a person authorised to take Statutory Declarations)

SECTION 4 – All Applicants Must Read and Sign This Section

PERSONAL INFORMATION

I HEREBY DECLARE that the particulars entered in this application form are true and correct and that the papers sent with this form are true and genuine documents given and signed by the persons whose names appear on them; and



I HEREBY AUTHORISE Maritime NZ to:

1. use any of the foregoing personal information provided for the purpose relating to maritime safety, or to further the lawful activities of the Maritime NZ; and
2. disclose the information to any division of Maritime NZ or its agents, or to any other person where such disclosure is necessary to further the purposes, activities or objectives specified in (1) above.

Signature: _____ **Date:** _____

NOTE: Maritime NZ will keep the information secure and only disclose it in the manner stated above
Maritime NZ will only accept **CERTIFIED COPIES** of all supporting documents
Maritime NZ recognises that you are entitled to see and correct the information referred to above

Section 5 – Please sign in the below two boxes and also attach 4 passport size and style photos of head and shoulders(30.5mm wide x 40.5mm length) inside a sealed envelope to the top of this page **NOTE:** We do not accept scanned copies. Failure to comply will result in invalidating this application

	
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**Section 6: Maritime Use Only
Examination Results**

EXAM PERMIT ISSUED DATE: PORT: WRITTEN: ORALS: EXAMINER:

Date:
Initials:

CERT TO BE ISSUED: CERTIFICATE NUMBER: DATE SENT: TRACK AND TRACE NO:

ID NUMBER: ROTATION NUMBER: