



Applicant - please enter name and address in the box below

Email address:

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**CONFIRMATION OF RECEIPT OF APPLICATION – CERTIFICATE OF EQUIVALENT COMPETENCY**

**SECTION 1 – TO BE COMPLETED BY THE COMPANY**

I/we enclose applications for Certificates of Equivalent Competency for the following seafarer(s).

Surname	Initials	Date of Birth	COC Number	Capacity of the COC or lower rank if required	MCA use only
					Received

**Declaration (the maximum penalty for a false declaration is £5000)**

I declare that all the applicants listed above hold a valid Certificate of Competency, a valid medical fitness certificate, and where appropriate sight test certificate, accepted by the MCA for the issue of a Certificate of Equivalent Competency as detailed in MGN 221 (M). All required supporting documentary evidence is enclosed, as detailed in MGN 221 (M).

Signed ..... Date

Name ..... Position in Company .....

**SECTION 2 – TO BE COMPLETED BY MCA**

We confirm receipt of the above \_\_\_ applications on \_\_\_\_\_. This notice may be used as documentary evidence that the above applications have been submitted to the MCA in accordance with STCW78 as amended, Regulation I/10 paragraph 5, and will remain valid until \_\_\_\_\_ (Only valid when stamped, dated and signed by an authorised MCA official)

Signed .....

Name .....

Duly Authorized Official

Date .....

MCA Stamp

