



**APPLICATION FOR AN ORAL EXAMINATION LEADING TO  
THE ISSUE OR UPGRADE OF A CERTIFICATE OF  
COMPETENCY FOR FISHING DECK OFFICERS**

# FD

**IMPORTANT - BEFORE** completing this form, please ensure you have read fully the guidance notes and instructions on pages 5 and 6

NAME

## 1 PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms		Sex Male / Female	
Surname / Family name			
Forename(s) in full			
Date of Birth			
Place of Birth		Country of Birth	
Nationality		Passport No. or Discharge Book No.	

	Full Home Address	Address for return of documents <i>(if different from home address)</i>	
Address			
District			
Town / City			
County/State			
Post Code/Zip			
Country			
Telephone No		Email Address	
Mobile No			

DOB

## 2 CERTIFICATE APPLIED FOR

Certificate	Please Tick
Class 1 Fishing	
Class 2 Fishing	
Class 3 Fishing	
<b>Upgrade to STCW95 OOW Unlimited</b>	
Class 2 to STCW95 Reg II/1 OOW Unlimited	
Class 1 to STCW95 Reg II/1 OOW Unlimited	
Skipper Full to STCW95 Reg II/1 OOW Unlimited	

SDS

**Please do not write below this line**

<b>Received:</b>	<b>Fee:</b>	SDS No	
		Receipt No	
		RMS No	
		Application ID	
		NoE ID	
		COC No	



**4 - CHECKLIST**

Before a Certificate of Competency can be issued, you will need to submit the following documentation - Original Documents **MUST** be supplied

If you already hold a Certificate of Competency or Certificate of Service you must send it in with this application and give the following details below

Certificate No:	Capacity:	Country of Issue:
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**4A – FOR ALL APPLICATIONS**

	✓ if enclosed	Official Use only
Birth Certificate OR Passport	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Book (if held)	<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Two Passport Sized Photographs	<input type="checkbox"/>	<input type="checkbox"/>

**4B – CERTIFICATES REQUIRED FOR CoC**

Documents Required	Date of Issue	1	2	3	4	5	6
SQA Certificate ( <b>less than 3 years old</b> )		x	x	x	x	x	x
Written Examination Certificates							
GMDSS GOC/ROC		x	x	x	x	x	x
Electronic Navigation Systems		x	x	x	x	x	x
Navigational Control Course		x					
Signals ( <b>less than 3 years old</b> )		x	x		x	x	x
First Aid at Sea		x	x		x	x	x
Ship's Captain's Medical Care		x					
Basic Sea Survival Course		x	x	x			
CPSC & RB					x	x	x
Efficient Deck Hand					x	x	x
Advanced Fire Fighting		x	x	x	x	x	x
Sight Test Certificate ( <b>less than 2 years old</b> )		x	x	x			
Medical Fitness Certificate ( <b>ENG1</b> )					x	x	x

**KEY TO THE ABOVE CHART**

X - indicates certificates required

- |   |
|---|
| <ol style="list-style-type: none"> <li>1. Class 1 Fishing</li> <li>2. Class 2 Fishing</li> <li>3. Class 3 Fishing</li> <li>4. Class 2 Upgrading to STCW95 Reg II/1 OOW Unlimited</li> <li>5. Class 1 Upgrading to STCW95 Reg II/1 OOW Unlimited</li> <li>6. Skipper Full Upgrading to STCW95 RegII/1 OOW Unlimited</li> </ol> |
|---|

**5- PAYMENT**

Please enclose the appropriate fee (as laid down in the current Merchant Shipping Fees Regulations). Payment should be made in £ sterling by cheque, postal order or banker's order, credit or debit card. Cheques, Postal Orders and Bankers Drafts should be made payable to the "Maritime and Coastguard Agency" and crossed "Account Payee" and "not negotiable". Cheques and orders should be drawn at a UK bank. **CASH WILL NOT BE ACCEPTED.** World-wide postage is included in the fee.

I enclose the MCA fee of £.....

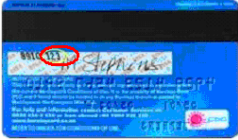
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

Switch  Visa  MasterCard/Access  Delta  Cheque/bankers draft  Postal Orders

Please charge my Switch / Visa /MasterCard/Access / Delta Card £.....

Name of Card Holder													
Card Number													
Start Date													
Expiry Date													
Switch Issue Number (Switch Cards only)							Security Code						

The Security Code is the last three digits of the numbers on the reverse of the card, near to the signature strip. (See example right)



Signature ..... Date.....

**6 DECLARATION** (The maximum penalty for a false declaration is £5000)

I declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are genuine, given and signed by the persons whose names appear on them.

Signature	
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Date .....

Please do  
**NOT**  
write in  
this box

**7 - COUNTER SIGNATURE**

Name			
Address			
Town / City			
County/State			
Post Code/Zip		Country	
Telephone No		Occupation	
Capacity in which you know the applicant			

I declare that the information given is, to the best of my knowledge, true and complete. I also declare that the documents submitted are, to the best of my knowledge, genuine and relate to the person(s) whose names appear on them. I confirm that the photographs submitted bear a true current likeness of the applicant

Signed..... Date.....

## GUIDANCE NOTES FOR THE COMPLETION OF THIS APPLICATION FORM

PLEASE ENSURE THAT YOU READ AND UNDERSTAND THESE NOTES BEFORE COMPLETING THE FORM

Please complete this form in **BLOCK LETTERS** and in black ink. If a section is not relevant to your application enter **NIL**.

**ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED.**

Enclose all documents necessary to establish your eligibility for examination for a Certificate of Competency. You must send in **ORIGINAL** documents, photocopies will NOT be accepted. A document checklist is on page 3 to help you.

If eligible you will be issued with a Notice of Eligibility enabling you to sit the MCA oral examination. The Notice of Eligibility will advise you on how to apply for an appointment for the examination and what you should do once you have taken the examination.

### 1 – PERSONAL DETAILS

Enter your personal details in the boxes provided. Your name should be given **IN FULL**, and should be given in the same format as appears in your passport or other national identity document.

Your date of birth should be given in the format DD/MM/YYYY, e.g. 18 February 1960 would be written 18/02/1960.

National Identity Number should be that in your Passport or Discharge Book.

Please give your height in metres e.g. 1.78 m.

You should give your permanent home address where you are normally resident. You may also provide an alternative address for return of documents or correspondence relating to this application, e.g. if you are away at College.

### 2 – CERTIFICATE APPLIED FOR

Please tick (✓) the capacity / limitations for which you are applying. Only tick **ONE** box.

### 3 – SEA SERVICE

Sea Service must be supported by Discharge Book entries, testimonials, and where appropriate, Watch Keeping Certificates. Testimonials must be countersigned by the Master, or some other responsible company representative. Full details are contained in Training and Certification Guidance Note Part 1.

### 4 - CHECKLIST

Before a United Kingdom Certificate of Competency can be issued, you will need to submit certain documentation as specified in this section. **ORIGINAL** documents **MUST** be supplied, copies will not be accepted.

All the documentation indicated in section 4 must be supplied. Certain documentation **MUST** be supplied **BEFORE** the Notice of Eligibility can be issued. Other documentation can be supplied either before the Notice of Eligibility is issued, **OR** after the oral examination has been passed, prior to the issue of the Certificate of Competency.

**4A – ALL APPLICATIONS** – ALL documents in this section **MUST** be provided with this application, before a Notice of Eligibility will be issued. Please ensure you tick (✓) each box to indicate that you have enclosed the documents.

**PHOTOGRAPHS** – Your photographs must be taken full face without a hat and must be passport approved photographs, measuring a maximum of 50mm x 40mm, colour **OR** black & white. The back of one photograph must include your name in **BLOCK LETTERS** and the signature of a Doctor, Bank Officer, Established Civil Servant, School Teacher or someone of similar standing. They should also write on the back of the photograph “I certify that this is a true likeness of Mr/Mrs/Miss/Ms/Dr etc.....” and add their signature. They must also provide their details at Section 7. The person who certifies your photographs must either be a British citizen or a citizen of a Commonwealth country. A member of your family is not allowed to counter sign your photograph. The back of the second photograph must include your name in **BLOCK LETTERS** and your date of birth.

**4A – FOR ALL APPLICATIONS** – documents in this section may be provided with this application **OR** when returning the Notice of Eligibility and applying for the Certificate of Competency. Please ensure you tick (✓) the relevant boxes to indicate which documents you have enclosed with this application.

**4C – CERTIFICATES REQUIRED FOR CERTIFICATE OF COMPETENCY** – documents in this section may be provided with this application, **OR** when returning the Notice of Eligibility and applying for the Certificate of Competency. Please ensure you tick (✓) the relevant boxes to indicate which documents you have enclosed with this application.

**4D – YOUR SIGNATURE** – please sign in the middle of the box with your usual signature. Ensure that the whole of your signature is contained within the box – this will be scanned into your new Certificate of Competency. Failure to keep within the box may result in delays to your application.

## 5 - PAYMENT

You must enclose the appropriate fee with your application. Please tick (✓) the appropriate box to indicate your chosen method of payment. Payment must be made in Pounds Sterling (£).

Payment by cheque, bankers draft or postal orders should be made payable to "The Maritime and Coastguard Agency" and crossed "account payee" and "not negotiable".

For payment by Switch, Visa, Access/Mastercard or Delta, ensure you enter the card details in the spaces provided.

Please sign to confirm the amount and chosen method of payment.

## 6 - DECLARATION

Please read the declaration. Once you are sure that the information you have given is, to the best of your knowledge, true and complete, and that the documents submitted are genuine and signed by the persons whose names appear on them, you should sign and date the declaration with your usual signature.

## 7 - COUNTER SIGNATURE

You should obtain a counter signature from a responsible person who is NOT related to you and has known you for at least 2 years. They should enter their details in this section. This person must endorse the back of one of your passport style photographs "I confirm that this is a true current likeness of [your name], and add their usual signature and date. See also guidance note 4 on photographs

### NOW RETURN YOUR APPLICATION:

Seafarer Standards Branch  
Maritime and Coastguard Agency  
Spring Place  
105 Commercial Road  
Southampton  
SO15 1EG  
Tel (44) (0)2380 329231  
Fax (44) (0)2380 329252  
e-mail: [deck@mcga.gov.uk](mailto:deck@mcga.gov.uk)

### YOU SHOULD ALLOW 28 DAYS FOR US TO PROCESS YOUR APPLICATION

Please do NOT write or mark below this line

### 8 OFFICIAL USE ONLY

Medical standards met	YES	NO
Minimum sea service requirements met	YES	NO
Ancillary certificates supplied	YES	NO
Awaiting VQ result	YES	NO
Vocational & academic standards met	YES	NO
Approved for issue of Notice of Eligibility	YES	NO

Reasons for Rejection	
Name	
Signed	
Date	

Certificate	Date of Issue	QCM date	Examiners Signature