



**APPLICATION FOR A YACHT RATING CERTIFICATE FOR
Ratings on Commercially and Privately Owned Yachts and Sail
Training Vessels of Less Than 3000gt**

YR

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

Please note your **unique form number** if you wish to check the status of your application online.

1 PERSONAL DETAILS		FORM NUMBER		Name
Title Mr/Mrs/Miss etc		Sex: Male / Female		
Surname / Family name				
Forename(s) in full				
Date of Birth				
Place of Birth		Country of Birth		
Nationality		National Identity No.		
Address	Full Home Address	Address for return of documents (if different from home address)		DOB
District				
Town / City				
County / State				
Post Code / Zip				
Country				
Telephone No.				
Mobile No.		Email		

2 CERTIFICATE APPLIED FOR					SDS
Capacity	STCW Reg.	Tonnage Limits (GT)	Limitation	Please tick <input checked="" type="checkbox"/>	
Yacht	II / 4 & III/4	< 3000 gt	Only for service on yachts and sail training vessels less than 3000gt		

Please do not write below this line

Received:	Fee:	SDS No	
		Application ID	
		Cert No	

The sea service must be supported by testimonials which must be signed by the Master.

ALL RELEVANT SEA SERVICE MUST BE LISTED: If there is insufficient space, please continue on a separate sheet. Sea service on foreign flag ships will be accepted under the same conditions as service on UK ships provided it can be properly verified.

LENGTH OF VOYAGE: This must be given in calendar months and days, e.g. from 3 January to 5 March = 2 months and 3 days. Odd days should be added together and reckoned at 30 days to the month.

2

SHIP AND VOYAGE DETAILS			DATES		TOTAL TIME ON BOARD		DAYS AT SEA
Vessel Name	Flag	Loadline Length (metres)	From	To	Months	Days	
				TOTAL			

4 CHECKLIST

Before a certificate can be issued you will need to submit the following documentation - **Original Documents MUST** be supplied

4A FOR ALL APPLICATIONS

tick if enclosed ✓

Official Use Only

Birth Certificate OR Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Book OR Certificates of Discharge OR Yacht Service Record / Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sea Service Testimonials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Passport Sized Photographs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Survival Techniques (STCW A-VI/1-1) OR RYA Basic Sea Survival AND Fire Fighting and Fire Prevention (STCW A-VI/1-2) AND Elementary First Aid (STCW A-VI/1-3) AND Personal Safety and Social Responsibility (STCW A-VI/1-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate (ENG 1) OR equivalent OR ML5 if applicable*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* To comply with health and safety requirements any seafarer employed or engaged in any capacity aboard a seagoing vessel must hold a valid medical fitness certificate attesting to their medical fitness for the work for which they are employed. Further information may be obtained from the MCA.

4B APPLICATIONS REQUIRING TRAINING RECORD BOOK

Completed Yacht Training Record Book (or Applicable Section from OOW (Y) Training Record Book)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4C APPLICATIONS WITH EXEMPTION FROM TRAINING RECORD BOOK

If you hold a certificate that gives you exemption from completing the Training Record Book, and a reduction from 6 months yacht service to 2 months sea service, you must send the relevant certificate with this application:

Watch Leader Certificate plus Competent Crew Certificate; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Day Skipper Certificate plus Competent Crew Certificate; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MCA Approved Yacht Rating Course Completion Certificate; OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please State).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4D APPLICATIONS UNDER TRANSITIONAL ARRANGEMENTS

If you are applying under transitional arrangements then you only need to send the documents listed at 4A above.

5 YOUR SIGNATURE AND DECLARATION

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

I declare that the data contained in this application is, to the best of my knowledge, true and complete. I also declare that the documents are genuine, given and signed by the persons whose names appear on them. I consent to any processing of the data contained in this application by the MCA (including any processing necessary to establish the authenticity and validity of the issued certificate).

Please sign this form in the **centre** of the space opposite, in **BALL POINT PEN**, which will be transferred to your new Certificate

for office use only

Date.....

IMPORTANT - KEEP WITHIN BORDER
FAILURE TO COMPLY WITH THIS
INSTRUCTION WILL INVALIDATE THE
APPLICATION

6 COUNTER SIGNATURE

Name			
Address			
Town / City			
County / State			
Postcode/ Zip Code		Country	
Telephone No.		Occupation	

Capacity in which you know the	
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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.

Signature Date.....

7 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.**

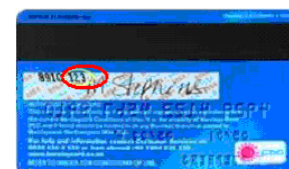
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

Maestro Visa Mastercard/Access Delta Cheque/Bankers Draft Postal Orders

Please charge my Maestro / Visa / Mastercard/Access / Delta Card £.....

Name of Card Holder																					
Card Number (16-18 digits)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																				
Start Date																					
Expiry Date																					
Maestro Issue Number (Maestro 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



Signature.....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**.

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 a Yacht Rating Certificate. You must send in ORIGINAL documents, photocopies will NOT be accepted. A document checklist is on page 3 to help you.

Information on Yacht Rating Certificates is in Part 23 of the Training and Certification series of guidance (Currently MGN 270 (M)). This is available from Seafarer Training & Certification Branch, contact details below, or on our website - www.mcga.gov.uk

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, eg 18 February 1960 would be written 18/02/1960.

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

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, eg if you are away at college.

2 CERTIFICATE APPLIED FOR

This form is only for application for a Yacht Rating Certificate for service on yachts or sail training vessels of less than 3000gt.

3 SEA SERVICE

Sea Service must be supported by Discharge Book entries and testimonials. Testimonials must be countersigned by the Master. Full details are contained in Training and Certification Guidance Note Part 23.

4 CHECKLIST

Before an MCA Yacht Rating Certificate 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.

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 26 26 26" and add their signature. They must also provide their details at Section 5. 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 other photograph must include your name in BLOCK LETTERS and your date of birth.

All the documentation indicated in Section 4 must be supplied.

5 YOUR SIGNATURE AND 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, given and signed by the persons whose names appear on them, you should sign the declaration with your usual signature, including the date.

6 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.

7 PAYMENT

You must enclose the appropriate fee with your application. The published fee includes worldwide postage. 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 Maestro, 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.

NOW RETURN YOUR COMPLETED APPLICATION TO:-

Seafarer Training and Certification Branch
 Maritime and Coastguard Agency
 Spring Place
 105 Commercial Road
 Southampton
 SO15 1EG

Tel: (+44) (0) 2380 329231
 Fax: (+44) (0) 2380 329252
 deck@mcga.gov.uk
 engineering@mcga.gov.uk

Completed forms must not be emailed to the MCA. Please post them with the required documentation.

YOU SHOULD ALLOW 28 DAYS FOR US TO PROCESS YOUR APPLICATION

8 APPLICATION TRACKING

You can now track the progress of your application on the MCA website at: www.mcga.gov.uk
 Ensure you have made a note of your Form Number (found on Page 1), as this will be required to check your application.

Please do NOT write or mark below this line

9 OFFICIAL USE ONLY

Medical standards met	Yes	No
Minimum sea service requirements met	Yes	No
Minimum Yacht Service Requirements met	Yes	No
Ancillary certificates supplied	Yes	No
Previous qualifications supplied - if applicable	Yes	No
Training record book supplied - if applicable	Yes	No
Approved for use of certificate	Yes	No

Reasons for Rejection	
Name	
Signed	
Date	

Certificate	Date of Issue	Issuing Officer's Signature