



APPLICATION FOR AN ORAL EXAMINATION FOR A DISPENSATION TO SERVE IN A LOWER THAN CERTIFIED CAPACITY (DECK AND ENGINEERING)

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**For officers who have been away from the industry and who wish to
revalidate expired Certificates of Competency**

Name

1 PERSONAL DETAILS

Title Mr/Mrs/Miss/Capt etc		Sex Male / Female	
Surname / Family name			
Forename(s) in full			
Date of Birth			
Place of Birth		Country of Birth	
Nationality		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		Mobile No.
Email Address		

DOB

2 CERTIFICATE HELD

Deck	Please tick ✓
STCW 78	
STCW 95	

Engineering	Please tick ✓
STCW 78	
STCW 95	

SDS

Please do not write below this line

Received:

Fee:

SDS No	
Receipt No	
RMS No	
COC No	

3 CERTIFICATE TYPE

Capacity/Grade of certificate:	
Certificate number:	
Limitations:	
Additional endorsements held:	

4 CHECKLIST

	Tick if enclosed	Official use only
STCW Certificate of Competency	<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate ENG1, or accepted equivalent	<input type="checkbox"/>	<input type="checkbox"/>
Valid Passport	<input type="checkbox"/>	<input type="checkbox"/>
Four-day Fire Fighting Certificate OR Advanced Fire Fighting Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Lifeboatman Certificate OR Certificate of Proficiency in Survival Craft, OR Proficiency in Survival Craft & Rescue Boats	<input type="checkbox"/>	<input type="checkbox"/>
First Aid at Sea Certificate OR Proficiency in Medical First Aid Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in Medical Care Certificate OR Proficiency in Medical Care (Refresher) Certificate (Deck only)	<input type="checkbox"/>	<input type="checkbox"/>
STCW 95 GMDSS GOC (Deck only)	<input type="checkbox"/>	<input type="checkbox"/>
Two passport size photographs	<input type="checkbox"/>	<input type="checkbox"/>

5 YOUR SIGNATURE AND 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. 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).

Date

for office use only

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

Completed applications should be sent to the following address:

Maritime & Coastguard Agency
Seafarer Training & Certification Branch
Spring Place
105 Commercial Road
Southampton
SO15 1EG, UK
Tel: +44(0) 2380 329231
Fax +44(0) 2380 329252
Email: deck@mcga.gov.uk or
engineering@mcga.gov.uk
Website: www.mcga.gov.uk

In your own interest use Recorded Delivery if posting within the UK and Registered Post from abroad. Your documents will be returned by courier. The MCA cannot accept any responsibility for documents lost in the post.

6 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 draft, 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 drafts 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 £.....

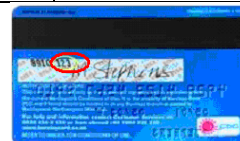
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

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			
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. (See example right)



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

GUIDANCE NOTES

Please read these notes carefully before completing this form. Marine Guidance Note MGN (M) 9 (Part 9 of the Guidance on Training and Certification) will provide further guidance and details of requirements.

- (1) The STCW regulations has a provision for the revalidation of a Certificate of Competency by the performance of at least 3 (three) months sea service in a certified capacity lower than that of the certificate held. However, as the officer may have been away from the industry for a long time and may not be familiar with the latest developments and requirements, the MCA must check to ensure that the officer has the appropriate knowledge and competence to serve in a lower certified capacity. This is achieved by an oral examination conducted by an examiner of the relevant discipline.
- (2) The candidate may wish to serve on one particular type of vessel, in which case the oral examination may be restricted to that type of vessel.
- (3) Upon successful completion of the oral examination and required STCW safety training, a STCW Certificate of Competency will be issued with a limited expiry date.
- (4) This procedure does not apply to those who hold a basic Officer of the Watch (Deck or Engineering) Certificate. They will be required to revalidate through the provisions outlined in MGN 9 and the revalidation form, i.e. revalidation course for Deck Officers, service as supernumerary or assistant watch keeper, MEOL, etc.

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 discharge book, 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.

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.

2 CERTIFICATE HELD

This application form can be used for revalidating both STCW 78 or STCW 95 certificates and Deck or Engineering certificates.

3 CERTIFICATE TYPE

Please indicate the Grade or Class of your STCW 78 Certificate or capacity of your SCTW 95 Certificate. Please also state Certificate number, limitations applying and all tanker endorsements (if held).

4 CHECKLIST

Send original documents. Photocopies are not accepted.

Your photographs must be:

- full face without a hat
- 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
- the signature of:
 - a Doctor, Bank Officer, Established Civil Servant, School Teacher or someone of similar standing, who is;
 - either a British citizen or a citizen of a Commonwealth country; and
 - has known you for at least two years; but
 - is not a member of your family; and
 - has provided their details at Section 6

They should also write on the back of the photo 'I certify that this is a true likeness of Mr/Mrs/Miss etc.....'

The back of the other photograph must include your name in BLOCK LETTERS and your date of birth.

5 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.

7 PAYMENT

You must pay the fee as set out in the Merchant Shipping Fees Regulations which are available from the MCA website. A summary is posted near where you down-loaded this form.

You will need to include a contact telephone number to enable the courier to make the delivery. **Courier service cannot be made without a contact telephone number.**

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 application to:

Seafarer Training & Certification 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 or engineering@mcga.gov.uk

Please make sure you have:

- Completed this form in full
- Enclosed the all the relevant documents and photographs
- Enclosed your payment or payment details

If you have not we will have to write to you and this will result in a delay to your application being processed.

Please allow 14 days for us to process your application.

Please do NOT write or mark below this line

8 OFFICIAL USE ONLY

Certificate of Competency	YES	NO
Valid Medical Fitness Certificate	YES	NO
Ancillary certificates supplied	YES	NO
Passport	YES	NO
Two photographs	YES	NO
Fee	YES	NO
Approved for issue of NOE	YES	NO

Reasons for Rejection	
Name	
Signed	
Date	

Certificate	Date of Issue	Issuing Officer's Signature