



## APPLICATION FOR MCA-ISSUED WATCH RATING CERTIFICATE

# WRC

### Navigational or Engine Room

**IMPORTANT – BEFORE** completing this form please ensure you have read fully Marine Information Note (MIN) 303 and the instructions at the end of this form.

#### 1 PERSONAL DETAILS

Title Mr/Mrs/Miss etc		Sex Male / Female	
Surname / Family name			
Forename(s) in full			
Date of Birth			
Place and Country of Birth			
Nationality		Discharge Book No <b>or</b> Passport No. <b>or</b> National ID No.	

NAME

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

DOB

#### 2 CERTIFICATE APPLIED FOR

Capacity	Please tick ✓
Navigational Watch Rating Certificate	
Engine Room Watch Rating Certificate	

SDS

**Please do not write below this line**

<b>Received:</b>	<b>Fee:</b>	SDS No	
		Receipt No	
		RMS No	



## 4 CHECKLIST

WRC

Please note that failure to supply all the required documents may cause a delay in the processing of this application. Send original documents.

Tick if enclosed      Official use only

### 4A GENERAL

Two passport standard photographs	<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate (ENG1) or equivalent*	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF</b> not sending Discharge Book for evidence of sea-going service below then include either Passport or Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>

\* To comply with health and safety requirements any seafarer employed or engaged in any capacity aboard a sea-going 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 EVIDENCE OF SEA-GOING SERVICE

Sea Service Testimonials covering required length of sea-going service	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Book or Certificates of Discharge	<input type="checkbox"/>	<input type="checkbox"/>
<b>IF</b> have completed Special Training and submitting reduced sea-going service of 2 months include Relevant Special Training/ VQ certificate	<input type="checkbox"/>	<input type="checkbox"/>

### 4C EVIDENCE OF BASIC SAFETY TRAINING

<u>All</u> of the following certificates:		
<b>STCW A-VI/1-1</b> Personal Survival Techniques	<input type="checkbox"/>	<input type="checkbox"/>
<b>STCW A-VI/1-2</b> Fire Fighting & Fire Prevention	<input type="checkbox"/>	<input type="checkbox"/>
<b>STCW A-VI/1-3</b> Elementary First Aid	<input type="checkbox"/>	<input type="checkbox"/>
<b>STCW A-VI/1-4</b> Personal Safety & Social Responsibility	<input type="checkbox"/>	<input type="checkbox"/>

### 4D EVIDENCE OF STCW TRAINING

<b>EITHER</b>		
Completed and properly signed training record sheet (Navigational or Engine)	<input type="checkbox"/>	<input type="checkbox"/>
<b>with</b> List of competent officers signing training record sheet	<input type="checkbox"/>	<input type="checkbox"/>
<b>OR</b>		
STCW 78 Watch Rating Certificate	<input type="checkbox"/>	<input type="checkbox"/>

## 5 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).

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

Please do NOT write in this box

Date.....

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

## 6 COUNTER SIGNATURE

WRC

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.

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

## 7 PAYMENT

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, drafts and orders should be drawn at a UK bank.

**CASH WILL NOT BE ACCEPTED.**

I enclose: MCA fee       £.....  
          Courier fee   £..... (optional)  
          Total payment £.....

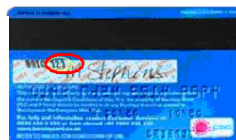
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

Maestro     Visa     MasterCard/Access     Delta     Cheque/Banker's 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.....

## INSTRUCTIONS FOR COMPLETION

Guidance on MCA-issued Watch Rating Certificates is in Marine Information Note (MIN) 303.

Please read the MIN before making your application. It is available to read or down-load from the MCA website [www.mcga.gov.uk](http://www.mcga.gov.uk)

The training record sheets, for navigation and engine room, and the list of competent officers are included in the MIN as Annexes.

**Please complete this form in BLOCK LETTERS and in black ink (you cannot return this form by email).**

### 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, eg 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 APPLIED FOR

You can apply for a Navigational or Engine Room Watch Rating Certificate using this form. Please tick to show which.

### 3 SEA-GOING SERVICE

Sea Service must be supported by Discharge Book entries or Certificates of Discharge and testimonials. Testimonials must be countersigned by the Master or Chief Engineer.

### 4 CHECKLIST

If you are only sending Certificates of Discharge and not a Discharge Book, then you will need to provide either a passport or birth certificate.

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.

### 6 COUNTER SIGNATURE

This should be completed by the person who signs your photograph.

## 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.

If you want your documents returned by courier you must also pay the courier fee (currently £20). 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.**

The documents will be returned by Registered or International Registered mail if no courier fee is received.

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](mailto:deck@mcga.gov.uk) or [engineering@mcga.gov.uk](mailto: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 28 days for us to process your application.**

Please do NOT write or mark below this line

## 8 OFFICIAL USE ONLY

Evidence that min. sea service met	YES	NO
Special Training supplied – if applicable	YES	NO
Ancillary certificates supplied	YES	NO
Training record sheet <b>plus</b> list of officers <b>OR</b> STCW 78 certificate	YES	NO
Valid Medical Fitness Certificate	YES	NO
Passport/ birth cert if no Discharge Book	YES	NO
Two photographs	YES	NO
Fee	YES	NO
Approved for issue of Certificate	YES	NO

Reasons for Rejection	
Name	
Signed	
Date	

Certificate	Date of Issue	Examiners Signature