

# EXAMINATION ELIGIBILITY/ASSESSMENT FORM



<b>PASSPORT SIZE</b>
HEIGHT- 4.2CM
WIDTH - 3.5CM

## NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

APPLICATION FOR ASSESSMENT FOR ELIGIBILITY TO SIT CERTIFICATE OF COMPETENCY (STCW'78, AS AMENDED) EXAMINATIONS: DECK / ENGINEER OFFICERS.

**IMPORTANT** please complete this form in **BLOCK LETTERS** and in **BLACK INK**. If a section is not relevant to your application, please enter NIL.

Enclose photocopies of all documents necessary to establish your eligibility for the examination.

The back of one of the passport photographs must include your name in **BLOCK LETTERS** and the signature of your referee with the declaration "I certify that this is a true likeness of Mr./Miss/etc."

### 1. PERSONAL DETAILS

<b>SURNAME:</b>				<b>FORENAMES:</b>			
DATE OF BIRTH:	DAY	MONTH	YEAR			PLACE OF BIRTH:	
NATIONALITY:				DISCHARGE BOOK NO:			
RESIDENTIAL ADDRESS:							
CITY:							
TEL:							
E-MAIL ADDRESS:							

### EDUCATIONAL BACKGROUND

SCHOOL(S)/COLLEGE(S) ATTENDED	FROM	TO	QUALIFICATION

**2. CERTIFICATE APPLIED FOR:**

CAPACITY	POWER LIMITS (KW) (ENGINEERS)	TONNAGE LIMITS (GRT) (DECK OFFICERS)	AREA LIMITATION N.C.V/ UNLIMITED

**2A. PREVIOUS CERTIFICATE HELD:**

CAPACITY	POWER LIMITS (KW) (ENGINEERS)	TONNAGE LIMITS (GRT) (DECK OFFICERS)	AREA LIMITATION N.C.V/ UNLIMITED

**3 QUALIFYING SEA SERVICE (FROM DATE OF LAST COC IF ANY) ALL RELEVANT SEAGOING SERVICE MUST BE LISTED.** Sea service on foreign ships will be accepted Subject to verification.

**LENGTH OF VOYAGE:** this must be given in calendar months and days, e.g. from 13 Jan to 15 Feb 1 month and 3 days. Odd days should be added together and reckoned at 30 days to the month. Deck applicants to enter in the column for Tonnage/Power: **GROSS TONNAGE** while the Engineering candidates should indicate **KW power**.(Start from the current sea term)

**SHIP AND VOYAGE DETAILS**

Name of Vessel	Port of Registry	IMO/ Official No.	Tonnage / Power	Rank	Dates		Duration	
					FROM	TO	MTH	DAYS

**Before a certificate a Competency can be issued to you, the originals of the following documents must be sighted. However submit only photocopies with this application.**

<b>4A. ALL APPLICANTS</b>	Date of issue	tick box if enclose	For official use only
Discharge Book		<input type="checkbox"/>	<input type="checkbox"/>
Sea Service Testimonials		<input type="checkbox"/>	<input type="checkbox"/>
Two passports Size color photograph		<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate		<input type="checkbox"/>	<input type="checkbox"/>
Basic Mandatory Certificates		<input type="checkbox"/>	<input type="checkbox"/>
Advanced Fire Fighting Certificate		<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in Survival Crafts		<input type="checkbox"/>	<input type="checkbox"/>
Proficiency in medical First Aid		<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Competency (if any)		<input type="checkbox"/>	<input type="checkbox"/>
High Voltage		<input type="checkbox"/>	<input type="checkbox"/>
Engine Room Resource Management		<input type="checkbox"/>	<input type="checkbox"/>
Ship Security Officer		<input type="checkbox"/>	<input type="checkbox"/>
HELM		<input type="checkbox"/>	<input type="checkbox"/>

**4B. DECK APPLICANTS**

GMDSS (GOC)		<input type="checkbox"/>	<input type="checkbox"/>
MEDICAL CARE		<input type="checkbox"/>	<input type="checkbox"/>
NARAS (Operational)		<input type="checkbox"/>	<input type="checkbox"/>
NARAS (Management)		<input type="checkbox"/>	<input type="checkbox"/>
Bridge Resource Management		<input type="checkbox"/>	<input type="checkbox"/>
ECDIS		<input type="checkbox"/>	<input type="checkbox"/>

**5. SIGNATURE AND DECLARATION BY APPLICANT**

I declare that the information contained in this application are to the best of my knowledge, true and complete. I also declare that the documents submitted along with this form are genuine, and signed by the person(s) who are authorized to do so.

**Signature of Applicant:** .....**Date**.....

**6. PARTICULARS OF REFEREE, SIGNATURE AND DECLARATION**

<b>NAME:</b>	
<b>ADDRESS:</b>	
<b>TOWN:</b>	<b>STATE:</b>
<b>OCCUPATION:</b>	
<b>PHONE NO:</b>	<b>E-mail:</b>

(The referee should be a medical doctor, senior civil servant, legal practitioner or someone of similar standing who is not related to you.)

I declare that the information given by the applicant are to the best of my knowledge, true and complete, and that the photographs submitted bear true likeness of the applicant.

**Referee's Signature:**..... **Date**.....

**7. PAYMENT**

The appropriate, Examination fee is payable on application to sit a specific examination upon the receipt of your Notice of Eligibility. Payment MUST be made to NIMASA account at the designated banks, not later than **21 days** before the date of examination AND duplicate of evidence of payment returned to the office of the Director, MSSSD

**NOTE:** Completed examination forms with evidence of payment of Examination fees MUST be returned to;

**THE DIRECTOR**

**MARITIME SAFETY AND SEAFARERS STANDARD DEPARTMENT. (MSSSD)**

NIGERIA MARITIME RESOURCE DEVELOPMENT CENTRE

KIRIKIRI, APAPA. LAGOS. NIGERIA.

Tel: 09076361503

To reach him NOT later than Two weeks before the date of examination.

OFFICIAL USE ONLY			
Medical standards met	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Qualifying seagoing services met	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Ancillary certificate supplied	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Approved for issue of Notice of Eligibility	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason(s) for rejection of application			
<hr/>			
<hr/>			
<hr/>			
Name of Assessor:.....			
Designation:.....			
Signature:.....			

