

REVALIDATION OF STCW'78 CERTIFICATE OF COMPETENCY FORM



NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY APPLICATION FOR REVALIDATION OF STCW'78 CERTIFICATE OF COMPETENCY FORM: DECK/ENGINEER OFFICERS.

IMPORTANT: Please complete this form in BLOCK LETTERS.

If a section is not relevant to your application, please enter NIL.

Attach photocopies of all necessary documents.

1. CERTIFICATE DETAILS

CERTIFICATE NO:..... CAPACITY:.....
LIMITATION:.....
DATE OF ISSUE:..... DATE OF EXPIRY:.....

2. PERSONAL DETAILS

NAME:				
DATE OF BIRTH:	DAY	MONTH	YEAR	PLACE OF BIRTH:
NATIONALITY:		DISCHARGE BOOK NO:		
PRESENT RESIDENTIAL ADDRESS:				
CITY:				
TEL:				
EMAIL:				

3. SEA SERVICE RECORD

Name of Vessel	Port of Registry	Official no.	Tonnage / Power	Rank	Dates		Total Sea Time	
					From	To	Months	Days

Candidates must show evidence of at least Twelve (12) months Sea Service within the period of Validity of the Certificate.

4. DOCUMENTS TO BE SUBMITTED WITH THIS FORM

1. Photocopies of Mandatories & Advance Safety Certificates
2. Medical Certificate of Fitness
3. Photocopies of Discharge Book Pages or Sea Service Testimonials

Please tick below, as appropriate, the NIMASA location you want your certificate dispatched to for collection:

Lagos Port Harcourt Warri Calabar

5. DECLARATION

(FALSE DECLARATION ATTRACTS PROSECUTION)

I declare that the information contained in my 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 person(s) who are authorized to do so.

.....
Signature of Applicant:

.....
Date

OFFICIAL USE ONLY

Tick as appropriate

Status of the Certificate

Genuine Forged

Original documents:	Sighted	<input type="checkbox"/>	Not sighted	<input type="checkbox"/>
Basic Safety Mandatories:	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
Ship Security Officers Certificate	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
Proficiency In Survival Crafts & Rescue Boats	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
Advanced Fire Fighting Certificate;	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
Medical Care	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
GMDSS	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
ECDIS / High Voltage System Certificate	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
HELM	Satisfactory	<input type="checkbox"/>	Not Satisfactory	<input type="checkbox"/>
Basic Academic Qualification	Adequate	<input type="checkbox"/>	Not Adequate	<input type="checkbox"/>
Correct Fee paid	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Oral Test Result:	Pass	<input type="checkbox"/>	Fail	<input type="checkbox"/>

REVALIDATION NUMBER:

Name of Assessor:

Designation:

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