



**NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY  
SEAFARERS STANDARDS AND TRAINING  
INLAND WATER EXAMINATION ASSESSMENT FORM**

**CERTIFICATE APPLIED FOR:**.....**REG.**.....

**SURNAME:**.....**Other Name(s):**.....

**Address:**.....

**Date of Birth:**..... **Place of Birth:**.....

**Discharge Book No:**.....

**Previous Certificate No:**.....**Date of Issue:**.....

**Tel No:**.....**E-mail:**.....

**ACADEMIC/TECHNICAL RECORD**

SCHOOL (S) ATTENDED	YEAR		QUALIFICATION OBTAINED
	FROM	TO	

**SERVICE EXPERIENCE**

NAME OF VESSEL	RANK	HORSE POWER/ GROSS TONNAGE	SERVICE DATES		TOTAL SEA TIME	
			FROM	TO	MTHS	DAYS
<b>TOTAL</b>						

Documents to be enclosed with the form

- 1) Valid Photocopies of Basic Mandatory Certificate
- 2) Photocopy of Valid Medical Certificate of Fitness
- 3) Photocopies of Discharge Book pages/ Endorsed Sea Service Entries
- 4) Two Passport Sized Colour Photographs
- 5) Photocopies of Educational Qualification

**5. DECLARATION**

(FALSE DECLARATION ATTRACTS PROSECUTION)

I declare that the information contained in this application is 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. FOR OFFICE USE ONLY**

Tick as appropriate

Original documents:	Sighted	<input type="checkbox"/>	Not Sighted	<input type="checkbox"/>
Basic Mandatory Certificates:	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"/>

Name of Assessor: .....

Designation:.....

Signature:..... Date :.....