



The Maritime Authority of Jamaica

IA_D

Application for an Initial Assessment for an Oral Examination Deck Officer Certificate of Competency

1. Personal Details		Application Form No:	
Title Mr/Mrs/Miss/Capt, etc	Sex:		Female <input type="checkbox"/> Male <input type="checkbox"/>
Surname/Family Name			
Christian name(s) in full			
Date of Birth			
Place of Birth (Town, City, Dist.)	Country of Birth		
Nationality	Passport Number		
Address	Full Home Address	Address for return of documents	
District/Town/City			
Parish			
Postal Code			
Country			
Telephone No.			
Mobile No.			
E-Mail Address(es)			TRN:

2. Assessment Applied for

Capacity	STCW Reg.	Tonnage Limitation	Trading Area Limitation ¹	<input checked="" type="checkbox"/>
OOW Navigation	Reg. II/1	Ships 500 grt or more	Unlimited	
OOW Navigation	Reg. II/3	Ships Less than 500 grt	Unlimited	
OOW Navigation	Reg. II/3	Ships Less Than 500 grt	Near Coastal Voyages	
Chief Mate	Reg. II/2	Ships 500 grt or more	Unlimited	
Chief Mate	Reg. II/2	Ships between 500 and 3 000 grt	Unlimited	
Master	Reg. II/2	Ships 500 grt or more	Unlimited	
Master	Reg. II/2	Ships between 500 and 3 000 grt	Unlimited	
Master	Reg. II/3	Ships Less than 500 grt	Unlimited	
Master	Reg. II/3	Ships Less than 500 grt	Near Coastal Voyages	

OFFICIAL USE ONLY

Received: (Signature, Date and Time)	Receipt No:	
	Checklist Reviewed	
	Sea Time Checked	
	Documents Verified	
	Approval	
	Eligibility Checked	
	Final Approval	
	Initial Assessment Letter Issued	

¹ Trading area limitation - Near Coastal refers to service on vessels operating in the Caribbean Trading Area only (NCV). Ocean Going or Foreign Going or Unlimited will indicate the International Trading Area. Ref.: Shipping Act, 1998, Schedule 9, regulation 22 - Near Coastal Voyage

4. Checklist - The following original documents must be submitted.

Holders of a Certificate of Competency or Certificate of Proficiency must submit the certificate with this application and provide the following details requested below:

Certificate No:	Capacity:	Date of Issue:	Country of Issue:

4 A. For All Applications

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Birth Certificate			
Passport			
Two Passport Size Photographs			
Discharge Book or Seaman's Certificate of Discharge			
Valid STCW Basic Safety Training Certificate			
Sea Service Testimonials			
Valid Medical Fitness Certificate ⁵			
Police Record from the police authority in country of residence			

4 B. Applications for First Certificate

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Pass in Signals			
Proof of Approved Cadetship Sea Service Training (Completed approved/ISF Training Record Book			
Steering Certificate (if not included in the Training Record Book)			
GMDSS Certificate of Training, General Operator			
ENS or Navigation, Radar and ARPA Simulator (Operational Level)			
Advanced Fire Fighting Certificate - (Certificate No: _____)			
Certificate of Proficiency in Survival craft or Proficiency in Survival Craft & Rescue Boats			
Valid First Aid at Sea or Proficiency in Medical First Aid Certificate or Proficiency in Medical Care			
MTI/IAMI/MAJ written exam certificate/NVQ certificate			

4. Checklist (cont'd) - The following original documents must be submitted.

⁵ To comply with health and safety requirements in accordance with Shipping Act, 1998 The Shipping (Medical Examination) Regulations 1998 and STCW Regulation I/9, any seafarer employed or engaged in any capacity aboard a seagoing 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 MAJ.

4 C. Applications for Management Level Certificate

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Ship Security Awareness Training			
Valid Basic Safety Training Certificate			
Bridge Resource Management or Navigation, Radar and ARPA Simulator			
Medical Care			
MTI/IAMI/MAJ written exam certificate/NVQ certificate			

5. Applicant Signature & Declaration

I declare that the data contained in this application is, to the best of my knowledge, true and complete. I also declare that the documents are genuine, given and signed by the person whose names appear on them. I consent to any processing of the data contained in this application by the MAJ including any processing necessary to establish the authenticity and validity of the issued certificate.

Please sign in the box provided below with black or blue ink pen.

Date: _____

6. Payment

Payment must be submitted with application. Payment should be made in Jamaican dollar *or* US dollar currency denomination or wire transfers.

Managers Cheque should be made payable to the "The Maritime Authority of Jamaica". Cash will only be accepted by direct payment to the cashier at the MAJ's office in Kingston.

Wire transfer payments should be made to:

Outside Jamaica

Jamaica Money Market Brokers Ltd. A/C# 36022703, c/o Citibank N.A. 111 Wall Street N.Y. CodeCITIUS33, ABA '21000089' for further credit to A/C # 22606324, Maritime Authority of Jamaica, Kingston.

Within Jamaica

Bank of Nova Scotia Jamaica Limited, US A/C# 505774993 or JAD A/C# 7616-18

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

Cash	JAD		Cheque	
	USD		Wire Transfer	

Signature: _____

Date : _____

Completed Applications should be submitted to:

The Maritime Authority of Jamaica
 2nd Floor, The Office Centre Building
 12 Ocean Boulevard, Kingston
 Jamaica W. I.

Tel: +1 876 967 1060-5, 967 1087
 Fax: +1 876 922 5765
 Email: customerservice@jamaicaships.com

OFFICIAL USE ONLY. Please do not write below this line

Candidate Successful	Yes		No	
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Reason for rejection	
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Assessor's Name	
Signed	
Date	

Date Qualifying Conditions Met	Candidate Notification Dispatch Date	Issuing officer's Signature