



# The Maritime Authority of Jamaica

# IA<sub>E</sub>

## Application for an Initial Assessment for an Oral Examination - Engineering 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.	Power Limitation kW	Trading Area Limitation <sup>1</sup>	State: Steam/Motor
OOW Engineering	Reg. III/1	Unlimited	None	
OOW Engineering	Reg. III/1	Less than 3 000 kW	Near Coastal	
OOW Engineering	Reg. III/1	Less than 750 kW	Near Coastal	
Second Engineer	Reg. III/2	Unlimited	None	
Second Engineer	Reg. III/3	Less than 3 000 kW	None	
Second Engineer	Reg. III/3	Less than 3 000 kW	Near Coastal	
Chief Engineer	Reg. III/2	Unlimited	None	
Chief Engineer	Reg. III/3	Less than 3 000 kW	None	
Chief Engineer	Reg. III/3	Less than 3 000 kW	Near Coastal	
Electro-Tech. Officer	Reg. III/6	Unlimited	None	

#### 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	

<sup>1</sup> Trading area limitation - Near Coastal refers to service on vessels operating in the Caribbean Trading Area only. Ref.: Shipping Act, 1998.



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

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

<b>Certificate No:</b>	<b>Capacity:</b>	<b>Date of Issue:</b>	<b>Country of Issue:</b>
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### 4 A. For all Applications

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Birth Certificate			
Passport			
Two Passport Size Photographs			
Discharge Book or Seamen's Certificate of Discharge			
Valid STCW Basic Safety Training Certificate			
Sea Service Testimonials			
Valid Medical Fitness Certificate <sup>4</sup>			
Police Record from the police authority in country of residence			

### 4 B. Applications for Operational Certificate

	Tick if enclosed	MAJ Use Only	
	✓	No	No
Workshop Skills Certificate (Approved MTI, HEART/NTA, NVQ)			
Completed ISF or Approved Training Record Book			
Advanced Fire Fighting Certificate - (Certificate No: _____ )			
Certificate of Proficiency in Survival craft or Proficiency in Survival Craft & Rescue Boats			
Proficiency in Medical First Aid Certificate			
MTI/IAMI/MAJ written exam certificate/NVQ certificate			
Jamaican academic qualifications (if claiming exemptions)			

### 4 C. Applications for Management Certificate

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Jamaican academic qualifications (if claiming exemptions) <b>Or</b> NVQ certificate			
MTI <b>Or</b> MAJ written exam certificate <b>Or</b> MTI Letter of Assessment			

<sup>4</sup> 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.

## **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 space provided below with black or blue ink pen

Date: \_\_\_\_\_

## **6. Payment**

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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	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
	USD	<input type="checkbox"/>	Wire Transfer	<input type="checkbox"/>

**Signature:** \_\_\_\_\_

**Date** : \_\_\_\_\_

**Completed Applications should be submitted to:**

The Maritime Authority of Jamaica  
2<sup>nd</sup> 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](mailto: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