



The Maritime Authority of Jamaica

GMDSS

Application for Initial GMDSS Certificate of Competency and Subsequent Revalidation

1. Personal Details

		Eligibility Assessment No:	
Title Mr/Mrs/Miss/Capt, etc		Sex: Male/Female	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. GMDSS Certification Type Applied for

Capacity	STCW Reg.	Tick One
General Radio Operator - First Class Certificate (GOC)	IV/2	<input type="checkbox"/>
Restricted Radio Operator - Second Class Certificate (ROC)		<input type="checkbox"/>

First and Second Class Radio electronic Certificates i.e. General and Restricted Radio Operator designation as defined in Section B-IV/2 for the STCW Code.

OFFICIAL USE ONLY

Received: Signature, Date and Time	Receipt No:	
	Certificate of Competence Number	
	SMA Number	
	Approval	
	Certificate of Competence Prepared	
	GMDSS Certificate of Competence Assigned	

3. Checklist – The following original documents must be submitted

3A. For Initial Application

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
MTI Certificate of GMDSS Training			
Two Passport Size Photographs			
Original Spectrum Management Authority (SMA) Certificate			
Valid STCW Basic Safety Training Certificate			
Valid Medical Fitness Certificate			

3B. Revalidation

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Discharge Book (confirming 12 months of sea service in the past five years)			
Two Passport Size Photographs			
Sea Service Testimonials			
OR			
Employment letter attesting to three (3) years or more of equivalent shore based employment			

4. Applicant's Signature & Declaration

I declare that the information provided 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 information 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 with black or blue ink pen.

Date: _____

4. Payment

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

Managers' Cheques 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 Acc. # 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
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