



The Maritime Authority of Jamaica

Rv

Application for Revalidation of Certificate of Competency – Deck and Engineering Officers

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. Details Certificate to be Revalidated

Certificate Number	
Expiry Date	

OFFICIAL USE ONLY

Received: (Signature, Date and Time)	Receipt No:	
	Checklist Reviewed	
	Sea Time Checked	
	Documents Verified	
	1 st Approval	
	CoC Prepared	
	CoC Checked	
	Final Approval	
	CoC Number Assigned	

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

4 A. For All Revalidation Applications

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Fees			
Current Certificate of Competency			
Valid BST Certificate (No.)			
Valid Advanced Fire Fighting Certificate (No.)			
Valid Certificate of Proficiency in Survival Craft and Rescue Boats (No.)			
Passport			
Discharge Book or Seaman's Certificate of Discharge			
Sea Service Testimonials			
Two Passport Sized Photographs (See Guidance Notes)			
Valid Police Record from the police authority in country of residence			
Valid Medical Fitness Certificate ⁵			

4 B. For Deck Officer's Certificate

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
RADAR and ARPA Simulator Training Declaration/Certificate (Operational Level)			
RADAR and ARPA Simulator Training Declaration/Certificate (Management Level)			
Valid Certificate of Proficiency in Medical First Aid or Proficiency in Medical Care (Reg. II/2 & II/3)			

4 C. For Engineer Officer's Certificate

	Tick if enclosed	MAJ Use Only	
	✓	Yes	No
Valid Certificate of Proficiency in Medical First Aid or Proficiency in Medical Care			

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.

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

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
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