



# The Maritime Authority of Jamaica

# TK

## Application for Tanker Service Certificate of Proficiency – Initial & Revalidation

### SECTION A - Personal Details

|   |   |                 |  |  |
|---|---|-----------------|--|--|
|   |   | Application No: |  |  |
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Capt | Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> |                 | TRN:                                     |  |
| Surname/Family Name   | Christian Name(s) in full   |                 | Date of Birth                            |  |
| Place of Birth  | Country of Birth  | Nationality     | Passport Number                          |  |
| Address   | Home Address  |                 | Mailing address (if different from home) |  |
| District/Town/City  |   |                 |  |  |
| Parish  |   |                 |  |  |
| Postal Code   |   |                 |  |  |
| Country   |   |                 |  |  |
| Telephone No.   |   |                 |  |  |
| Mobile No.  |   |                 |  |  |
| E-Mail Address(es)  |   |                 |  |  |

### SECTION B - Certificate of Proficiency for Tanker (tick (√)one):

#### Service Request

|               |  |                          |  |
|---------------|--|--------------------------|--|
| Initial Issue |  | Certificate Revalidation |  |
|---------------|--|--------------------------|--|

#### Tick (√)one or multiple):

|               |                        | I | R |                         |  | I | R |
|---------------|------------------------|---|---|-------------------------|--|---|---|
| Oil           | Basic (STCW A-V/1-1-1) |   |   | Advance(STCW A-V/1-1-2) |  |   |   |
| Chemical      | Basic (STCW A-V/1-1-1) |   |   | Advance(STCW A-V/1-1-3) |  |   |   |
| Liquefied Gas | Basic (STCW A-V/1-2-1) |   |   | Advance(STCW A-V/1-2-2) |  |   |   |

For revalidation, all certificate holders shall provide evidence of having maintained the required standard of competence for at least twelve (12) months over any five (5) year period for which a certificate may have been valid or provide proof of re-training where the period of relevant tanker service was less than twelve (12) months.

### OFFICIAL USE ONLY

|                                      |                          |  |
|--------------------------------------|--------------------------|--|
| Received: (Signature, Date and Time) | Receipt No:              |  |
|                                      | Documents Verified       |  |
|                                      | Sea Time Checked         |  |
|                                      | 1 <sup>st</sup> Approval |  |
|                                      | CoP Prepared             |  |
|                                      | Final Approval           |  |

### SECTION C - Sea Service – (To be supported tanker service testimonials)



*Payment*

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

Managers' Cheques should be made payable to "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. All fees are non re-fundable.

|      |     |                          |               |                          |
|------|-----|--------------------------|---------------|--------------------------|
| 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)