## DEPARTMENT OF TRANSPORT

Application No.:

# APPLICATION FOR AN ABLE SEAFARER (DECK) CERTIFICATE OF PROFICIENCY IN ACCORDANCE WITH STCW REGULATION II/5

FOR OFFICIAL USE ONLY:						
Able Seafarer Deck Certificate Number:						
Application Origin:	In Person	By a Re	epresentative	By Post		
If by a representative, s	state name:		<del>-</del>			
Date Received:						
<b>Issuing Officer:</b>				Attach		
Date of Issue:				Photograph		
<b>Distribution Method:</b>		By Post	In Person	Here		
Registered Post Number	er (if by post):					
	o = (g o y p o o o )	1				
PLEASE READ THE ATTACHED GUIDANCE NOTES <u>BEFORE</u> COMPLETING THIS FORM						
1 DETAILS OF A	PPLICANT					
Tick the Appropriate Box: Mr Mrs Ms						
Surname:		~ <u></u>				
Forename(s):						
If known by an alternativ	e name or na	mes, please	state:			
Seafarer's Unique ID Number (if known, see guidance note 5):						
Home Address:						
Tiome Tradicis.						
Alternative Postal						
Address:						
Phone Number:	Mobile Number:					
Email Address:						
Name of Nominated						
Contact:						
Address of Nominated						
Contact:						
Phone Number of						
Nominated Contact:						
2 PARTICULARS REGARDING CITIZENSHIP						
Date of Birth:		· · · · · · · · · · · · · · · · · · ·	Country of Bi	rth:		
County of Birth (If born in	n Ireland):		Nationality:			
			1 - 1000 - 1000 - 100			
3 APPLICANT'S DECLARATION						
I certify that:						
- I am over 18 years of age,						
- the particulars furnished in this application are true,						
- the accompanying photographs are photographs of me, and						
- I am aware that it is an offence to knowingly or recklessly make a false declaration.						
I hereby request that an Able Seafarer (Deck) Certificate of Proficiency be issued to me.						
Signature of Applicant:						
Note: Please keep signature within the box provided. This						
signature will be scanned and printed into the certificate						
being applied for.						

Date:

4 DOCUMENTS TO ACCOMPANY YOUR APPL	ICATION - CH	ECKLIST
	For Applicant	For Official Use only
IN ALL CASES:		
A completed application form		
Two photographs, signed on reverse		
Certificate of Proficiency in Personal Survival Techniques (STCW A-VI/1-1)		
Certificate of Proficiency in Fire Prevention and Fire Fighting (STCW A-VI/1-2)		
Certificate of Proficiency in Elementary First Aid (STCW A-VI/1-3)		
Certificate of Proficiency in Personal Safety and Social Responsibilities (STCW A-VI/1-4)		
Certificate of Proficiency in Survival Craft and Rescue Boats (other than fast rescue boats)		
PLUS FOR APPLICATIONS WHO WISH TO TRAN CERTIFICATE (ISSUED PRIOR TO 1 <sup>ST</sup> JANUARY 2 (DECK) CERTIFICATE OF PROFICIENCY:		
Discharge Book detailing 12 months seagoing service in a relevant capacity in the deck department aboard ships (which are not fishing vessels) of 500GT or more within the five years before 2012.		
(ILO) AB Certificate		
PLUS FOR APPLICANTS WHO DO NOT HOLD AN	ILO AB CERT	IFICATE:
Able Seafarer Deck Course Certificate		
Navigational Watch Rating Certificate		
Passport or alternatively an original Birth Certificate and current State photographic ID i.e. Driver's Licence		
Discharge Book detailing 12 months seagoing service in the deck department aboard ships (which are not fishing vessels) of 500GT or more		
STCW Medical Certificate		

**IMPORTANT NOTICE:** INCOMPLETE APPLICATIONS MAY BE RETURNED UNPROCESSED, BY POST. THEREFORE IN ORDER TO AVOID ANY UNDUE DELAY IN THE PROCESSING OF YOUR APPLICATION, PLEASE ENSURE THAT THE ABOVE CHECKLIST IS ADHERED TO.

FOR OFFICIAL USE ONLY					
APPLICATION PASSED					
I confirm that I have examined the identity, training and service documents supplied in support of					
this application. I hereby certify that the candidate has met the requirements for a Certificate of					
Proficiency as Able Seafarer (Deck) as outlined under STCW Regulation II/5.					
CERTIFICATE TO BE ISSUED NOW					
Able Seafarer (Deck) Certificate of Proficiency					
Examiner's		Office Stamp			
Signature:					
Date:					
APPLICATION REJECTED					
I confirm that I have examined the identity, training and service documents supplied in support of					
this application. I hereby certify that the candidate has <b>NOT</b> met the requirements for a Certificate					
of Proficiency as Able Seafarer (Deck) as outlined under STCW Regulation II/5.					
REASON(S) FOR R	EJECTION				
Examiner's		Office Stamp			
Signature:					
Date:					

## **GUIDANCE NOTES**

## 1. GENERAL

The Able Seaman Certificate issued prior to 1<sup>st</sup> January 2012 has been replaced by the Able Seafarer (Deck) Certificate of Proficiency.

**Regulation II/5 of the STCW Convention** outlines the mandatory minimum requirements for certification of ratings as able seafarer deck, as follows:

- 1 Every able seafarer deck serving on a seagoing ship of 500 gross tonnage or more shall be duly certificated.
- **2** Every candidate for certification shall:
  - .1 be not less than 18 years of age;
  - .2 meet the requirements for certification as a rating forming part of a navigational watch;
  - .3 while qualified to serve as a rating forming part of a navigational watch, have approved seagoing service in the deck department of:
    - .3.1 not less than 18 months, or
    - .3.2 not less than 12 months and have completed approved training; and
  - .4 meet the standard of competence specified in section a-ii/5 of the STCW CODE.

Holders of an International Labour Organization (ILO) Certificate of qualification as Able Seaman under the *Merchant Shipping Act 1947* will be deemed to have met this standard. ILO AB Certificates are valid until 31<sup>st</sup> December 2016. However, holders must complete transition to the Able Seafarer (Deck) Certificate of Proficiency before that date.

This application form may be used by those seafarer's applying to transition from the ILO AB Certificate as well as those seafarers who have not held an ILO AB Certificate, but have completed and passed the Able Seafarers Deck Course in accordance with STCW Regulation II/5.

Holders of ILO AB certificates issued overseas must approach the Administration of the country that issued that certificate to apply for an Able Seafarer (Deck) Certificate.

## 2. LEGIBILITY

All entries (other than where signatures are required) must be made clearly in BLOCK CAPITALS using a black or blue ballpoint pen. Mistakes due to illegible writing cannot be rectified without payment of a further fee.

## 3. PHOTOGRAPHS

Your application must be accompanied by two identical passport-type photographs. The photographs should be taken full face, without a hat, and should be printed on normal photographic paper. The reverse side of each photograph should be signed by you.

#### 4. FEE

There is no fee currently payable.

## **5. DETAILS OF APPLICANT (SECTION 1)**

## SEAFARERS UNIQUE ID NUMBER

The Department of Transport are in the process of issuing all seafarers' who hold Irish Seafarer's Discharge Books, Identity Cards, Certificates of Competency, Radio Operator's Certificates and other seafaring qualifications and certificates including Irish Seafarer's Medical Certificates, a Seafarer's Unique ID Number. If this number is known to you, please provide it under Section 1. If this number is not known by you, please leave this field blank. Your unique ID number will be issued to you and printed on the current seafarer's certificate which you are applying for. This number should be quoted on all future communications with this Department.

## NOMINATED CONTACT

For data protection purposes your application, or the status of your application, may not be discussed with any other party without your prior consent. Should you envisage another party making inquiries with this Department on your behalf regarding the status of an application submitted by you (i.e. should you be away at sea), then please provide details of that Nominated Contact.

## 6. APPLICATION METHODS

#### A. By Post

It is in your interest to use registered post. This Department will not accept responsibility for documents lost in the post. Complete your application form as required, remembering to attach all the supporting documents listed on the checklist provided (see Section 4). Post your application to the Mercantile Marine Office listed under Guidance Note 7.

## B. In Person

Complete your application form as required, remembering to include all the supporting documents listed on the checklist provided (see section 4). Call in to our public office detailed below during our public office opening hours:

## Monday - Friday Between 10:00 am - 12:30 pm and 2:00 pm and 4:00 pm

Application, whether submitted by post or in person will normally be processed and returned by registered post.

## 7. CONTACT DETAILS FOR THE MERCANTILE MARINE OFFICE

Mercantile Marine Office Marine Survey Office Irish Maritime Administration, Department of Transport Leeson Lane Dublin 2 Ireland

Ph: + 353 (0)1 678 3480

## **Privacy Statement**

The Department of Transport requires customers to provide certain personal data in order to carry out our legislative and administrative functions. The Department will treat all information and personal data that you provide as confidential, in accordance with the General Data Protection Regulation and Data Protection legislation.

Your personal data may be exchanged with other Government Departments in certain circumstances where this is provided for by law. Full details of the Department's data protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at <a href="www.gov.ie/transport/dataprotection">www.gov.ie/transport/dataprotection</a>. Details of this policy are also available in hard copy upon request by emailing <a href="dataprotection@transport.gov.ie">dataprotection@transport.gov.ie</a> or in writing to Data Protection Unit, Department of Transport, Leeson Lane, Dublin 2. D02 TR60.