

# DEPARTMENT OF TRANSPORT

SIS	FO	RM	9

Application No.:

# APPLICATION FOR A CERTIFICATE OF COMPETENCY

Certificate Type:					
Certificate Number:					
<b>Application Origin:</b> In Person		Representative		By Post □	
If by a representative, state nam	e:				
Date Received:					
Amount Paid:					
Receipt Number:				Attach	
Issuing Officer:			_	Photograp	h
Distribution Method:	By Post D	In Person I			
Registered Post Number (if by post	):				
Date of issue:					
PLEASE READ THE ATTACHE	ED GUIDANCE	NOTES BEF	ORE CO	OMPLETING TH	IS FORM
1 APPLICATION TYPE		. 1			
Type of certificate being applied for	or – tick all that	apply Merchant	Ti <sub>n</sub> t	ing 🗆	
Vessel Type:		Deck	Fish		
Department:		Deck _	Engi	neer	
Exemptions Claimed					
2 DETAILS OF APPLICAN	<b>IT</b>				
	$\frac{\mathbf{M}\mathbf{r}}{\mathbf{M}\mathbf{r}\mathbf{n}}$ $\mathbf{M}\mathbf{r}\mathbf{s}$	Ms			
Surname:	IVII NIIS	IVIS			
Forename(s):					
If known by an alternative name of	r names inlease	state:			
Seafarer's Unique ID Number (if k					
PPS Number:	nown, see ginaan	ice note 2).			
Home Address:					
Tiome radices.					
Alternative Postal					
Address:					
Phone Number:		Mobile Nur	nber:		
Email Address:		J		<u>.                                    </u>	
Name of Next of Kin:		Relationshi	): -		
Address of Next of		TOTALIONSIN	۲.		
Kin:					
Name of Nominated					
Contact:					
Address of Nominated					
Contact:					
Phone Number of					
Nominated Contact:					
3 PARTICULARS REGARI	DING CITIZE	NSHIP			
Date of Birth:		Country	of Birtl	n:	

Nationality:

County of Birth (If born in Ireland):

		IRED (for Notic		•				
<b>Deck Departme</b>	nt - Merchant		Engine Department - Merchant					
Master			Chief Engineer					
Chief Officer			Secon	d Engin	eer			
Officer of the W	atch		Engin	eer Offi	cer of the Watc	h		
			Electi	o-Techr	nical Officer			
Limits – tick all			Limit	s – tick a	ıll that apply			
- Near Coastal A	rea		- N	lear Coa	stal Area			
- Less than 3000			- L	ess than	3000 kW			
- Less than 500	GT		- N	<b>Iotorshi</b>	ps			
- Unlimited			- S	teamshij	ps			
- Ships engaged	on Governmen	t Service, less	- U	nlimited	i			
than 24m length	i, within 30 mile	es off the Irish	- N	ot valid	for service on s	hips with High		
coastline					achinery			
Other deck			Other	engine				
Deck Department - Fishing				Depart	ment - Fishing			
Skipper Full			Class 1 Engineer					
Skipper Limited	d Endorsement		Class	Class 2 Engineer				
Skipper Limited	d <24m		Class 3 Engineer					
Second Hand Fu	ull							
Second Hand Li	imited							
Second Hand Sp	pecial Endorsen	nent						
5 PARTIC ELSEWH Place of Examin	HERE	ST ORAL EXA	MINAT		HETHER IN IF	RELAND OR		
Grade of Certifi	icate			Result				
6 Details of '	 Training							
Deck Cadet	Engineering	Trainee Deck	Engine	eering	Graduate	Other		
	Cadet	Officer TDO	Crafts	_	Trainee			
			Ć					
Description of training				(date)	To (date)	Months		
Description of the	6			· /	- ()			

Qualification awarded

7 Ship details							Servi	ce detai	ls					
Name	Flag State	Ship Type	IMO No	Gross Tonnage	Registered power kW	Motor/ Steam	Rank	UL or NC¹	Nature of service <sup>2</sup>	From	То	W.K. Cert <sup>3</sup> Yes/No	Months	Days
													_	_
													-	_
													-	
													-	
													-	_
														_
													-	_
													_	_
	<u> </u>										TOTAL			

<sup>1</sup> UL – Unlimited trading area; NC – Near Coastal trading area 2 I – Daywork; II – Regular Watch on main and auxiliary machinery; III - Other 3 W.K. cert – Watchkeeping Certificate. State YES or NO

Certificate	Number	Date	Place of Issue		icial Use
All Applicants			_	Verified	Condition of NOE
Educational Certificates					of NOL
Certificate of Competency					
Medical Fitness Certificate					
Sea Service Testimonials					
Passport					
Birth Certificate					
Discharge Book					
Basic Training					
Transcripts of all Results					
Personal Survival Techniques					
Fire Prevention and Fire Fighting					
3. Elementary First Aid					
Personal Safety and Social					
Responsibilities					
Proficiency In Survival Craft					
Designated Security Duties					
Medical First Aid At Sea					
Advanced Fire Fighting					
Refresher Training					
Photographs (Signed)					
English Language Proficiency IELTS					
Fee					
Deck Applicants					
AB Training Certificate					
GMDSS GOC					
Medical care on board ship					
Navigation Aids, Equipment, Simulator					
Training (NAEST)					
Operational Level					
2. Management Level					
BRM/HELM					
Training Record Book (Cadets)					
<b>Engineer Applicants</b>					
High Voltage Training					
Operational Level					
2. Management Level					
NMCI Exemption Letter					
For Official Use Only:					
The Conditions of NOE have been indicat	ed above. Add	utional condi	tions are:		
<b>Examiner Signature:</b>			Date:		

 $^4$  Certified copies may be submitted with the application and original documents produced prior to issue of any certificate.

# 9 DECLARATION BY CANDIDATE

Any person who makes, or procures to be made, or assists in making, any false representation or statement for the purpose of obtaining for him or herself or any other person a Certificate of Competency, may be issued with a fixed payment notice or shall be liable on summary conviction to a Class A fine or imprisonment or both.

I hereby declare that the particulars contained in this application form are correct and true to the best of my knowledge and belief, and that the substantiating documentation sent with this form are true and genuine documents, given and signed by the persons whose names appear on them. I further declare that the form contains a true and correct account of the whole of my service.

I make this declaration believing the same to be true.

Thake this declaration believing the same to be the	de.
<b>Signature of Applicant:</b> Note: Please keep signature within the box provided. This signature will be scanned and printed into the certificate applied for.	
Date:	Attach seafarer's photograph here

# FOR OFFICIAL USE ONLY APPLICATION PASSED I hereby certify that the particulars above are correct and that the candidate has produced satisfactory testimonials, proof of training, service and nationality, and that the candidate has qualified in all respects for a Certificate of Competency as follows: Functions | Level | Capacity | STCW Reg | Limitations applying | Approved Certificate Expiry Date: Examiner's Signature: | Office Stamp

APPLICATION REJECTED	
I confirm that I have examined the training, service	
application. I hereby certify that the candidate has	NOT met the requirements for a Certificate of
Competency.	
REASON(S) FOR REJECTION:	
Examiner's Signature:	
	Office Stamp
Date:	Ојјке Зитр

# GUIDANCE NOTES AND QUALIFYING CRITERIA

#### 1. GENERAL NOTES

Incomplete applications will be returned, unprocessed, by post. Therefore, in order to avoid any undue delay in the processing of your application, please ensure that all required accompanying documentation is provided.

#### **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 may result in delays in processing applications.

## **IDENTIFICATION**

Your application must be accompanied by (1) a current passport <u>or</u> (2) an original Birth Certificate and current State photographic identification i.e., Driver's Licence.

Please note that photocopied documents will only be accepted if verified by signature and an office stamp by a member of An Garda Siochana, a Police force, a Peace Commissioner, a College Lecturer, a Civil Servant, a Post Office employee, your shipping company Superintendent, a Medical or Legal Practitioner, or at the Mercantile Marine Office. Original documents must be produced on the day of the oral examination.

#### **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. Details on acceptable photographs may be obtained at this link: <a href="PhotoGuidelines For Passports">PhotoGuidelines For Passports</a> | Department Of Foreign Affairs | Ireland.ie | Ireland - this is Ireland

#### FFF

Fees for examinations are prescribed under S.I. No. 595 of 2010 Merchant Shipping (Fees) Regulations 2010. However a summary of fees for the most frequently submitted applications are detailed as follows:

## FEES FOR CERTIFICATES OF COMPETENCY

OFFICER	GRADE	PRACTICAL ORAL	ADMINISTRATION FEE	TOTAL
	MASTER	€134	€53	€187
	CHIEF MATE	€121	€53	€174
	OFFICER OF THE	€87	€26	€113
DECK OFFICER	WATCH			
	MASTER OR OFFICER	€53	€26	€79
	OF THE WATCH <500GT			
	in the near coastal area			
MARINE	CHIEF ENGINEER			
ENGINEER	SECOND ENGINEER			
OFFICER	EOOW	€134	€53	€187
FISHING VESSEL	SKIPPER (Full)	€121	€53	€174
	SKIPPER LIMITED <24m			
DECK OFFICERS	SECOND HAND (Full)	€81	€26	€107
	SECOND HAND (Limited)	€93	€53	€146
	SKIPPER LIMITED	€67	€53	€120
FISHING	ENDORSEMENT			
ENDORSEMENTS	SECOND HAND	€67	€53	€120
ENDORSEMENTS	SPECIAL			
	ENDORSEMENT			
FISHING VESSEL	CLASS 1	€93	€53	€146
ENGINEER	CLASS 2	€67	€53	€120
OFFICERS	CLASS 3	€60	€26	€86

#### 2. COMPLETING THE APPLICATION FORM

#### **SECTION 1**

Any exemptions being claimed from written examinations should be stated in the appropriate box.

#### **SECTION 2**

# **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 and other seafaring qualifications and certificates including Irish Seafarer's Medical Certificates a Unique Seafarer's ID Number. If this number is known to you, please provide it under Section 2. 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 document for which you are applying. This number should be quoted on all future communications with this Department.

#### POSTAL ADDRESS

Your postal address is the address to which you would like any correspondence sent. If this is the same as your home address, leave the field blank.

#### 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.

#### **SECTION 3**

Details of citizenship are to be supported by a passport, birth certificate and naturalisation/registration documents if applicable.

## **SECTION 4**

Tick the box for the certificate that you are applying for now and also tick the limits that will apply to that certificate.

#### **SECTION 5**

Unless this is your first examination provide details of the grade of certificate held (if any) and details of your last oral examination and the results.

#### **SECTION 6**

If this is your FIRST application for a Certificate of Competency complete this section. If you are applying for a certificate and have not followed an approved course of study at a recognised maritime training centre or college provide as much detail as possible about your training to date.

# **SECTION 7**

This section must be completed in full by every applicant. Watchkeeping (W.K.) certificates or testimonials must be provided for every period of sea service and signed by the Master or Superintendent.

### 3. 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 list provided (see Sections 8). Post your application together with your payment by bank draft or postal order, made payable to the *Superintendent, Mercantile Marine Office*, to the Mercantile Marine Office listed under Guidance Note 4. Alternatively, credit and debit card payments can be made by submitting the information overleaf.

Please debit my card with the a	nount indicated: €	
Card Type:	MasterCard Visa V	Other
Card Number:		
<b>Expiry Date:</b>	- 2 0	
Signature:		Date:

#### B. In Person

Complete your application form as required, remembering to include all the supporting documents listed on the checklist provided (see sections 8). Call in to our public office detailed below with your, credit/debit card, bank draft or postal order, made payable to the *Superintendent, Mercantile Marine Office*, during our public office opening hours:

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

Postal and personal applications will normally be processed and returned by registered post.

# 4. CONTACT DETAILS FOR THE MERCANTILE MARINE OFFICE

Mercantile Marine Office 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="https://www.gov.ie/en/organisation-information/16ac8-data-held-by-the-department/">https://www.gov.ie/en/organisation-information/16ac8-data-held-by-the-department/</a>. Details of this policy are also available in hard copy upon request by emailing <a href="mailto:dataprotection@transport.gov.ie">dataprotection@transport.gov.ie</a> or in writing to Data Protection Unit, Department of Transport, Leeson Lane, Dublin D02 TR60.

Application checklist for STCW Ancillary Certification, as well as other Certification and documentation required for a Certificate of Competency

# DECK

Ancillary and other Certification	, and the second	Master <3,000GT  Chief Mate >3,000GT	Chief Mate <3,000GT	Master <500GT Near Coastal Area	OOW >500GT 36 Months	OOW >500GT Approved Training Programme	OOW <500GT Near Coastal Area
Basic Training PST	<b>V</b>	<b>√</b>	V	√	√	V	V
Basic Training FF	<b>V</b>	√	<b>√</b>	√	√	<b>V</b>	V
Basic Training EFA	√	√	<b>√</b>	√	√	<b>V</b>	V
Basic Training PSSR	<b>√</b>	√	<b>V</b>	√	√	<b>V</b>	V
Medical Fitness	√	√	√	√	√	<b>√</b>	V
GMDSS GOC	√	√	<b>√</b>	√	√	<b>V</b>	V
Able Seafarer Training	<b>V</b>	√	<b>V</b>	√	√	<b>V</b>	V
Advanced Fire Fighting	<b>V</b>	√	V	√	√	V	
PSCRB	<b>V</b>	√	V	√	√	V	V
NAEST (O) including ECDIS	V	<b>V</b>	<b>V</b>	V	√	<b>√</b>	V
NAEST (M)	$\sqrt{}$	√	$\sqrt{}$				
Medical First Aid at Sea	√	<b>√</b>	<b>√</b>	V	V	<b>\</b>	V
Medical Care on Board	<b>V</b>	V	V	V			
Designated Security Duties	√	V	V	V	<b>V</b>	<b>V</b>	V
Medical Fitness (ENG II)	√	<b>V</b>	<b>V</b>	V	<b>V</b>	<b>V</b>	V

Engine

Engine				
Ancillary and other certification	Chief Engineer	Second Engineer	EOOW	Electro Technical Officer
Basic /Updated Training PST	V	V	V	$\sqrt{}$
Basic/Updated Training FF	V	V	V	√
Basic Elementary First Aid	$\sqrt{}$	V	√	√
Basic/Updated Training PS&SR	$\sqrt{}$	V	$\sqrt{}$	$\sqrt{}$
Medical Fitness	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Advanced/Updated Fire Fighting	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
High Voltage (O)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
High Voltage (M)	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Medical First Aid at Sea	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Medical Care on Board	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Photos x 3 (Name + Signature on	N	J	N	٦/
reverse)	V	V	· · · · · · · · · · · · · · · · · · ·	V
CPSC	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$	$\sqrt{}$
Cadet Record Book				
NMCI Letter requesting		,		
Exemption from Department		$\sqrt{}$		
Examinations				
NMCI – Pass in Department		V		
Written Examinations		,		
Testimonials Sea Service +				
Bridge 6 Months				
NMCI Attendance Confirmation	$\sqrt{}$	$\sqrt{}$		
Letter			1	
Vessel Owner Testimonials			V	
Harbour Master Testimonials (as				
appropriate)				