



DEPARTMENT OF TRANSPORT

SIS FORM 2

Application No.:

APPLICATION FOR THE REPLACEMENT OF A CERTIFICATE OF COMPETENCY OR PROFICIENCY WHICH HAS BEEN LOST/STOLEN OR DESTROYED

FOR OFFICIAL USE ONLY:

Certificate Number:		
Application Origin: In Person <input type="checkbox"/> By a Representative <input type="checkbox"/> By Post <input type="checkbox"/>		
If by a representative, state name:		
Date Received:		Attach Photograph Here
Amount Paid:	€	
Receipt Number:		
Issuing Officer:		
Date of Issue:		
Distribution Method:	By Post <input type="checkbox"/> In Person <input type="checkbox"/>	
Registered Post Number (if by post):		

PLEASE READ THE ATTACHED GUIDANCE NOTES **BEFORE** COMPLETING THIS FORM

1 DETAILS OF APPLICANT

Tick the Appropriate Box: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/>	
Surname:	
Forename(s):	
If known by an alternative name or names, please state:	
Seafarer's Unique ID Number (if known, see guidance note 2):	
Home Address:	
Alternative Postal Address:	
Phone Number:	Mobile Number:
Email Address:	
Name of Nominated Contact:	
Address of Nominated Contact:	
Phone Number of Nominated Contact:	

2 PERSONAL DESCRIPTION (required for replacement Radio Operators Certificate's only)

Height (in metres)					
Predominant Eye Colour:	Blue <input type="checkbox"/>	Brown <input type="checkbox"/>	Green <input type="checkbox"/>	Hazel <input type="checkbox"/>	
Predominant Hair Colour:	Auburn <input type="checkbox"/>	Black <input type="checkbox"/>	Blond(e) <input type="checkbox"/>	Brown <input type="checkbox"/>	Fair <input type="checkbox"/>
	Red <input type="checkbox"/>	White <input type="checkbox"/>	Bald <input type="checkbox"/>		Gre <input type="checkbox"/>
Complexion:	Fair <input type="checkbox"/>	Medium <input type="checkbox"/>	Dark <input type="checkbox"/>		

3 PARTICULARS REGARDING CITIZENSHIP

Date of Birth:		Country of Birth:	
County of Birth (if born in Ireland):		Nationality:	

4 PARTICULARS OF CERTIFICATE FOR WHICH A REPLACEMENT IS BEING APPLIED FOR

Certificate Type:		Certificate Number:	
Date of Issue:		Place of Issue:	

5 INCIDENT REPORT OF THE CIRCUMSTANCES IN WHICH THE CERTIFICATE HAS BEEN LOST/STOLEN OR DESTROYED

State full particulars of the circumstances in which such loss or destruction occurred (including place and date):

6 WITNESS TO INCIDENT REPORT

Please have this section completed at a Garda Station by a member of An Garda Síochána.

I certify that the applicant has reported the incident as outlined in Section 5. I also certify that the photographs (on the back of which I have signed my name), supplied are a true likeness to the applicant.

Signature of Garda: _____

Name (in block capitals): _____

Rank: _____

Garda Number: _____

Garda Station: _____

STATION STAMP

Date: _____

Telephone Number: _____

7 APPLICANT'S DECLARATION

I certify that:

- 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 declare that the particulars on this application form are correct and I request that a replacement certificate 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:

Attach Seafarer's
Photograph here
for scanning

8 DOCUMENTS TO ACCOMPANY YOUR APPLICATION - CHECKLIST

	For Applicant	For Official Use only
A completed application form	<input type="checkbox"/>	<input type="checkbox"/>
Two photographs, signed on reverse	<input type="checkbox"/>	<input type="checkbox"/>
The appropriate fee. (<i>Fees and payment methods are listed under Guidance Notes 1 and 4 respectively</i>)	<input type="checkbox"/>	<input type="checkbox"/>

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 CHECKLISTS ARE ADHERED TO.

FOR OFFICIAL USE ONLY**APPLICATION PASSED**

I confirm that I have examined the application as completed and can certify that the seafarer has met the requirements for a replacement certificate(s) as follows:

Functions	Level	Capacity	STCW Regulation	Limitations applying
Certificate Expiry Date:				
Examiner's Signature:				<i>Office Stamp</i>
Date:				

APPLICATION REJECTED

I confirm that I have examined the application as completed and can certify that the seafarer has **NOT** met the requirements for a replacement certificate(s) as follows:

REASON(S) FOR REJECTION

Examiner's Signature:		<i>Office Stamp</i>
Date:		

GUIDANCE NOTES

1. GENERAL NOTES

Applications for the replacement of more than one certificate must be made on separate application forms.

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.

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 and the witness under Section 6.

FEE

Replacement Radio Operator's Certificate	€50
Replacement FV Certificate of Competency	€53
Replacement STCW Certificate of Competency	€53

2. 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.

3. PERSONAL DESCRIPTION (SECTION 2)

EYE COLOUR

Please tick the relevant box for your predominant eye colour. If the colour of your left differs from that of your right eye, then please insert L (for left) and R (for right) in the relevant eye colour tick boxes.

HAIR COLOUR

Please tick the relevant box for your predominant hair colour or tick 'bald' if bald.

4. 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 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 5. Alternatively credit and debit card payments can be made by submitting the following information:

Please debit my card with the amount indicated: € _____

Card Type: MasterCard Visa Other

Card Number: | | | | | | | | | | | | | | | | | | | | | |

Expiry Date: | | - | | - 2 0 | |

| | | | | | | | | | | | | | | | | | | | | |

Signature: _____ **Date:** _____

Postal applications will normally be processed and returned by registered post

B. In Person

Complete your application form as required, remembering to include all the supporting documents listed on the checklist provided (see section 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

Personal applications will normally be processed and returned by registered post

If your application is urgent please contact the Mercantile Marine Office in advance of submitting your application.

5. 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 www.gov.ie/transport/dataprotection. Details of this policy are also available in hard copy upon request by emailing dataprotection@transport.gov.ie or in writing to Data Protection Unit, Department of Transport, Leeson Lane, Dublin 2 D02 TR60.