



DEPARTMENT OF TRANSPORT

SIS FORM 5

Application No.:

APPLICATION FOR A CERTIFICATE OF PROFICIENCY (OIL/CHEMICAL/LIQUEFIED GAS TANKER)

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

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 5):		
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 PARTICULARS REGARDING CITIZENSHIP				
Date of Birth:			Country of Birth:	
County of Birth (If born in Ireland):			Nationality:	

3 APPLICANT'S DECLARATION	
I declare that the information I have given is, to the best of my knowledge, true and complete and that the documents submitted are genuine, given and signed by the persons named on them..	
Signature of Applicant: <i>Note: Please keep signature within the box provided. This signature will be scanned and printed into the certificate being applied for.</i>	
<div style="border: 1px dashed black; width: 300px; height: 40px; margin: 0 auto;"></div>	
Date:	

4 PARTICULARS OF CERTIFICATE(S)/DOCUMENT(S) HELD BY SEAFARER

Document Type	Grade/Class	Country of Issue	Cert/Book Number
Certificate of Competency:			
Discharge Book:			
Seafarer’s Identity Card:			

5 TYPE OF CERTIFICATE OF PROFICIENCY BEING APPLIED FOR (please tick)

Basic	Oil & Chemical	<input type="checkbox"/>
Basic	Liquefied Gas	<input type="checkbox"/>
Advanced	Oil	<input type="checkbox"/>
Advanced	Chemical	<input type="checkbox"/>
Advanced	Liquefied Gas	<input type="checkbox"/>

6 DETAILS OF TRAINING COURSES ATTENDED

Qualification Awarded	Issuing Authority	Date Cert Issued

7 DETAILS OF SHIPBOARD TRAINING/SERVICE

A. Shipboard Service

Name of Ship	IMO Number	Rank	Dates		Type of Cargo*
			From	To	

* Insert Oil, Chemical or Liquefied Gas as appropriate

B. Training in a Supernumerary Capacity

Name of Ship	IMO Number	Dates		Type of Cargo
		From	To	

C. Intensive Shipboard Training

Name of Ship	IMO Number	Dates		Details of Course
		From	To	

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"/>
Certificate of Competency (<i>if held</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Certificates (Refer to full list of required certificates, as per Exam Directions on the back of this form)	<input type="checkbox"/>	<input type="checkbox"/>
Sea Service Testimonials	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Book (<i>detailing required seagoing service</i>)	<input type="checkbox"/>	<input type="checkbox"/>
The appropriate fee (<i>fees and payment methods are listed under Guidance Note 4 & 8</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 CHECKLIST IS ADHERED TO.~~

FOR OFFICIAL USE ONLY

APPLICATION PASSED

I confirm that I have examined the training, service and other documents provided in support of this application. I hereby certify that the seafarer has produced satisfactory proof of training/service to qualify for the Certificate of Proficiency as follows:

STCW Regulation	Basic/Advanced	Oil/Chemical/Liquefied Gas
Expiry Date:		
Examiner's Signature:		<i>Office Stamp</i>
Date:		

APPLICATION REJECTED

I confirm that I have examined the training, service and other documents provided in support of this application. I hereby certify that the seafarer has **NOT** met the requirements for the issue of a Certificate of Proficiency as follows:

REASON(S) FOR REJECTION:

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

GUIDANCE NOTES

1. GENERAL

This application form may be used to apply for more than one tanker Certificate of Proficiency, provided full details and all tanker course certificates are submitted together.

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 FOR CERTIFICATE OF PROFICIENCY

Basic Oil & Chemical	€35
Basic Liquefied Gas	€35
Advanced Oil	€35
Advanced Chemical	€35
Advanced Gas	€35

If more than one tanker certificate is being applied for at the same time, on the same application form, then only one fee will apply. Please ensure that you only apply for the Certificate of Proficiency for which you can provide the required documents – see back page for more information.

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. TRAINING

Applicants must have completed an approved specialised tanker training programme for the Certificate of Proficiency being applied for.

7. SEAGOING SERVICE

Applicants must have completed at least 6 months of approved seagoing service on tankers in order to acquire adequate knowledge of safe operational practices, within the 5 year period immediately prior to application.

The period of 6 months may be reduced to not less than 3 months if the applicant has completed an approved tanker familiarisation course or has undertaken 1 months approved intensive training on tankers of less than 3000 GT on short voyages.

Where Certificates of Proficiency for service on a second or third type of tanker are sought, the requirements for sea service on the specific type of tanker may be substituted by successful completion of 28 days approved shipboard training involving at least one loading and one discharging operation.

8. 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 9. 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 .

9. CONTACT DETAILS FOR 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.

Ancillary and other Certification CERTIFIED COPIES ONLY	CoP in Basic Oil and Chemical Tanker Cargo Operations	CoP for Officers and Ratings in Basic Liquefied Gas Tanker Cargo Operations	CoP for Advanced Oil Tanker Cargo Operations	CoP for Advanced Chemical Tanker Cargo Operations	CoP for Advanced Liquefied Gas Tanker Cargo Operations
Medical Fitness Certificate	√	√	√	√	√
Personal Survival Techniques(within the last 5 years)	√	√	√	√	√
Fire Prevention and Fire Fighting (within the last 5 years)	√	√	√	√	√
Elementary First Aid(within the last 5 years)	√	√	√	√	√
Personal Safety and Social Responsibilities	√	√	√	√	√
<u>Advanced Fire Fighting</u> (within the last 5 years)	√	√	√	√	√
Basic Oil and Chemical Tanker Training Certificate STCW A-V/1-1	√		√	√	
Basic Liquefied Gas Tanker Training Certificate STCW A-V/1-2		√			√
Advanced Training for Officers and Ratings in Oil Tanker Cargo Operations			√		
Advanced Training for Officers and Ratings in Chemical Tanker Cargo Operations			Type equation here.	√	
Certificate of Proficiency in Advanced Training Liquefied Gas Tanker Cargo Operations					√

