



DEPARTMENT OF TRANSPORT

APPLICATION FOR A CERTIFICATE OF EQUIVALENT COMPETENCY AND/OR CERTIFICATE OF EQUIVALENT PROFICIENCY (TO SERVE IN MERCHANT SHIPS REGISTERED IN IRELAND)

FOR OFFICIAL USE ONLY:		
Certificate Type:		
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 6):	
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. I also declare that the documents submitted are genuine, given and signed by the persons whose names appear 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>	[Signature Box]
Date:	

4 PARTICULARS OF STCW CERTIFICATE OF COMPETENCY FOR WHICH A CERTIFICATE OF EQUIVALENT COMPETENCY IS BEING SOUGHT				
Capacity	Limits	Country of Issue	Cert Number	Valid to:

5 PARTICULARS OF CERTIFICATE OF PROFICIENCY FOR WHICH A CERTIFICATE OF EQUIVALENT PROFICIENCY IS BEING SOUGHT <i>(please tick if/where applicable)</i>					
Level	Tanker Type		Country of Issue	Cert Number	Valid to:
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 EXISTING QUALIFICATIONS	
In what language were you assessed for your Certificate of Competency?	
Is English your first language?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, what is your first language?	
Do you have qualifications in:	
a) English Language	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES' please confirm	
Marlins	YES <input type="checkbox"/> NO <input type="checkbox"/>
Berlitz	YES <input type="checkbox"/> NO <input type="checkbox"/>
IELTS	YES <input type="checkbox"/> NO <input type="checkbox"/>
Other	YES <input type="checkbox"/> NO <input type="checkbox"/>
b) Irish Maritime Law	YES <input type="checkbox"/> NO <input type="checkbox"/>
If you ticked YES for formal qualifications, please enclose certificates or other proof with this application	

7 EMPLOYMENT DETAILS OF PROSPECTIVE EMPLOYMENT <i>(for which CEC is required)</i>			
SHIP DETAILS			
Name of Ship:		Official Number:	
Port of Registry:		Gross Tonnage (GT):	
Type of Ship:			
ENGAGEMENT DETAILS			
Capacity Engaged:		Date of Engagement:	
Port:			
EMPLOYERS DETAILS			
Employers Name:		Company Name:	
Address:		Phone Number:	
		Email Address:	

8 DOCUMENTS TO ACCOMPANY YOUR APPLICATION - CHECKLIST

	For Applicant	For Official Use only
A completed application form	<input type="checkbox"/>	<input type="checkbox"/>
The appropriate fee (<i>fees and payment methods are listed under Guidance Note 5 & 7</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Two photographs, signed on reverse	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Competency (<i>original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Certificate of Proficiency – Oil/Chemical/ Liquefied Gas Tanker (<i>if applicable – original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
STCW Medical Certificate (<i>original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Passport, Discharge Book or other National Identity Document (<i>original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Company Letter/Email (<i>verifying employment onboard an Irish flagged ship</i>)	<input type="checkbox"/>	<input type="checkbox"/>
English Certification (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Irish Maritime Law Certification (<i>if applicable</i>)	<input type="checkbox"/>	<input type="checkbox"/>
Engineer Applicants Only		
High Voltage Training* (<i>if applicable – original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>
1.Operational level	<input type="checkbox"/>	<input type="checkbox"/>
2.Management level		
Deck Applicants Only		
ECDIS Training* (<i>if applicable – original or certified copy</i>)		
1.Operational level	<input type="checkbox"/>	<input type="checkbox"/>
2.Management level	<input type="checkbox"/>	<input type="checkbox"/>
GMDSS General Operators Certificate (<i>original or certified copy</i>)	<input type="checkbox"/>	<input type="checkbox"/>

* Failure to provide evidence of ECDIS/HV training at the time of application will result in an ECDIS/HV limitation being applied on your CEC from 1st January 2017. Such limitations may be subsequently removed upon payment of the prescribed fee of €53 and the submission of the required evidence of training.

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**ASSESSMENT OF DOCUMENTS RECEIVED**

Verification of Foreign COC/COP	Date
Outbound verification sent to issuing authority	
Verification received from issuing authority	
CRA (Confirmation of Receipt of Application) Issued by IMA	
Verification refused/denied from issuing authority	
Reason for refusal/denial:	
Action taken if Certificate was found to be fraudulent:	
Date fraudulent Certificate notified to IMO	

APPLICATION PASSED

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

REASON(S) FOR REJECTION:

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

GUIDANCE NOTES

1. GENERAL

This application form may be used for the processing of more than one Certificate of Equivalent Competency/Proficiency, provided details and all certificates requiring equivalent qualifications are submitted i.e. Certificate of Competency, Certificate of Proficiency (Oil/Chemical/Liquefied Gas Tanker) etc.

2. VALIDITY PERIODS

Certificates of Equivalent Competency and/or Proficiency, if issued, shall be valid until the expiry date of the Certificate of Competency and/or Proficiency submitted for which a Certificate of Equivalent Competency/Proficiency was sought.

3. 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.

4. 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.

5. FEE

Certificate of Equivalent Competency €53

6. 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, Certificates of Equivalent 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.

7. ENGLISH LANGUAGE REQUIREMENTS

Applicants for certificates of Equivalent Competency issued by the Government of Ireland are required to show an acceptable level of competency in the English language in written, oral and aural form. This is a requirement under Irish and International regulations. A Marlins English language test or equivalent will be accepted. Please refer to Marine Notice No. 47 of 2008 for more detailed information.

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: - - 20

Card Holder Name:

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.

8. 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, Dublin D02 TR60.