



Commercial Vessel Safety Application Form MA17

- Certificate of Competency
- Reissue of Certificate
- Revalidation of a Marine Certificate
- Letter of Acceptance

Return to:
Department of Transport
 Fremantle Head Office: 1 Essex Street, Fremantle, WA 6160.
 Postal address: PO Box 402, Fremantle, WA, 6959.
 Phone 9216 8238 or 9216 8296.
(fees paid on application)

_____ Grade of Certificate for which examination or revalidation is required.	_____ File No.
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Applicant's Personal Details *(Please use block letters)*

Family Name		All other names		Motor Drivers License Number	
Long-term postal address			Town or suburb		Postcode
Current residential address			Town or suburb		Postcode
Contact telephone number ()		Date of birth / /		Place of birth <i>(town, state, country)</i>	
Email address					
Height cm	Colour of eyes		Colour of hair		Gender <i>(male, female)</i>

Applicant's Declaration

I _____ *(name in block letters)*, hereby declare that the particulars entered in this application are correct and true to the best of my knowledge and belief, and that the Certificates and Testimonials submitted with this application for verification of particular entries are true and genuine documents given and signed by the persons whose names appear on them. I understand that some or all of the information provided on this form may be disclosed to Government Authorities. And I make this Solemn declaration believing the same to be true, by virtue of the Oaths, Affidavits and Statutory Declaration Act 2005.

Signature of declarant: _____

Declared at _____ this _____ day of _____ 20 _____

Witness's Declaration

This Declaration must be made before any person before whom, under the Oaths, Affidavits and Statutory Declarations Act 2005, a statutory declaration may be made. **Declared Before Me:**

Surname _____ First name(s) _____ Profession Title _____

Signature _____ Date _____ day of _____ 20 _____

IMPORTANT!

Four sample signatures are required in the boxes below.

The applicant must sign ALL of the signature boxes below using a ball-point pen. Please take care to stay within the borders marked.

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OFFICE USE ONLY

Prerequisites (originals to be sighted)

	Yes	No		Cert. No.	Issued by
1 Evidence of Course Completion	<input type="radio"/>	<input type="radio"/>	9 Marine radio operators certificate		
2 Fees paid	<input type="radio"/>	<input type="radio"/>	10 Elements of shipboard safety		
3 Declaration signed	<input type="radio"/>	<input type="radio"/>	11 Current Senior First Aid		
4 Eyesight test	<input type="radio"/>	<input type="radio"/>	12 Radar MC5/MC4		
5 Medical certificate/declaration	<input type="radio"/>	<input type="radio"/>	13 Advanced fire fighting		
6 Passport photos	<input type="radio"/>	<input type="radio"/>	14 Proficiency in survival craft		
7 Seatime assessed	<input type="radio"/>	<input type="radio"/>	15 Medical care for ship masters		
8 Proof of Identity	<input type="radio"/>		16 Personal survival techniques		
			17 Fire prevention & fighting		
			18 Personal safety & social responsibilities		
			19 GMDSS		
			20 Other:		

Examination Results

Subjects	Exam Date	Pass/Fail	Examiner's Initials	Exam centre	Resit Date	Pass/Fail	Examiner's initials	Exam centre
Deck Orals								
Engineering Orals								

Examiner's Declaration

This candidate has met all requirements for the issue, revalidation or endorsement (*tick as required*) of a certificate of competency or recognition (*tick as required*) as below with following endorsements.

Examiner's name (print):	Date:	Stamp:
Signature:	Centre:	

Payment of Fees

Payment may be made personally or by forwarding the necessary remittance to the office below.

- Current Fees and Charges can be found on the Departments website: <http://www.transport.wa.gov.au/imate/19126.asp#coc>
- Cheques /Money Orders are to be marked "not negotiable" and made payable to Department of Transport
- MasterCard and Visa Card payments may be made by mail, in person, by phone or facsimile or by email.
- All fees must be paid prior to any service being performed or Certificate being issued.

MASTERCARD

VISA

*Name on Card: _____ *Expiry Date: ____/____/____ *Value A\$ _____

*Card Number: _____

*Signature of Card Holder: _____ *Account Date: _____

OFFICE USE ONLY

Receipt Number _____ Receipt Date _____ Amount _____ Examination Centre _____

Receipt Number _____ Receipt Date _____ Amount _____ Examination Centre _____

Certificate Issued _____ Certificate Number _____ Date Issued _____ Date Given/Reg.Mail _____

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