

APPLICATION FOR ISSUE OF DANISH RECOGNITION CERTIFICATE

In accordance with the requirements in regulation I/10 of the STCW Convention 78, as amended

| | |
|--|--|
| Surname | |
| First name(s) | |
| Date of birth (dd-mm-yyyy) (dd = day of month (01-31), mm = number of month 01-12, yyyy = year) | |
| Address (Address to be used for return of flag state endorsement) | |
| Tel. no. | |
| E-mail | |

Specify capacity and STCW regulation for flag state endorsement

| Capacity/STCW regulation | Deck department and engine department (II/1, II/2, II/3, III/1, III/2 or III/3) | Radio GMDSS (IV/2) | Special tanker training (i.e. TOC): Tanker familiarization course (V/1, paragraph 1) – T Oil tankers (V/1, paragraph 2) – O Chemical tankers (V/1, paragraph 2) – C Liquefied gas tankers (V/1, paragraph 2) – G |
|---|--|-----------------------|--|
| Master | | | |
| Chief mate | | | |
| Officer in charge of a navigational watch | | | |
| Chief engineer | | | |
| Second engineer | | | |
| Officer in charge of an engineering watch | | | |
| Radio operator | | | |

Passport photograph to be glued within frame

Size 35 x 45 mm

Applicant's signature on line below frame

I declare under penalty of perjury that the information is true and that all enclosed copies are in conformity with the originals.

Place of signature

Date of signature

Signature of applicant

Endorsement by shipping company

A manning agency may represent a Danish shipping company if the manning agency is an integrated part of the Danish shipping company's ISM system and is – at least once a year – audited by the Danish shipping company.

If the applicant is a citizen in an EU or EEA country, it is not necessary to fill in "Endorsement by shipping company".

On behalf of the Danish shipping company, it is confirmed by signature of the representative of the company that the applicant identified above will be employed in the Danish shipping company's ship(s) in a capacity corresponding to the Danish flag state endorsement.

Furthermore, it is declared under penalty of perjury that the information is true and that all enclosed copies are in conformity with the originals.

Place of signature

Date of signature

Signature of representative of company

| | |
|--|--|
| Name of Danish shipping company | |
| Name of manning agency | |
| Address (Official stamp of company or manning agency may be used) | |
| Tel. no. | |
| E-mail | |

Applicants for assessment

If the applicant has to pass a test, please check (✓) at the appropriate box. If the applicant is to serve in a supernumerary capacity or has more than 6 months of seagoing service in the Danish shipping company, an appendix to this application must be attached. For further guidelines regarding this subject, please see "Guidance on procedures to be followed when applying for a Danish recognition certificate".

| | | |
|---|--|----------------------------------|
| Applicant to pass operational test | | Appendix to application attached |
| Applicant to serve in supernumerary capacity in the Danish shipping company | | |
| Applicant has more than 6 months of seagoing service in the Danish shipping company | | |