

REPUBLIC OF LIBERIA OFFICE OF THE DEPUTY COMMISSIONER

ANNEX 1

APPLICATION FOR OFFICER CERTIFICATE OF COMPETENCE																	
PART I. PERSONAL DESCRIPTION AND INFORMATION: (Type or print clearly)																	
					ME(GIVEN NAME)		Middle Initial				Place of Birth City and Country)						
										n	month day year			erty and Country)			
4. Permanent address (street, city and country).								5. Address to	whi	ch certificate	is to be	mailed.					
6 Name and relationship of person to be portified in amorgon are									ļ								
6. Name and relationship of person to be notified in emergency.								7. Citizenship 8.Height 9.					9. Weigh				
10. Address of person named in 6 (If same as 4, write "same").								11. Color of I	of eyes	of eyes 13. Sex □ Male □ Female							
PART II. DESCRIPTION OF HIGHEST GRADE LIBERIA AND FOREIGN OFFICER CERTIFICATE NOW HELD, IF ANY																	
			Grade of Officer Certificate						Certificate No.	e Issued Date Ex			es Country of Issue				
(a) Liberia															Liberia		
(b) Foreign																	
(c) GMDSS																	
COMPLETE ONLY IF NATIONAL OFFICER CERTIFICATE DOES NOT REQUIRE TRAINING AS OUTLINED ON PAGE 4. TRAINING Dates Attended Type of Certificate Received																	
TRAINING Name of School and address Fro								Fro		Upon Graduation							
							110	rom To									
PART III. ELIGIBILITY BASIS ON WHICH APPLICATION IS MADE																	
Complete either A, B or C, whichever is appropriate, by placing an "X" in the proper box. Applicants for examination are further required to complete Items 14 through 18.																	
А	L hereby apply for issuance of a Liberian officer certificate in a grade equivalent to my foreign officer certificate described in Part II (b) above												bove.				
В	I hereby a	pply	for renewal of r	ny I	liberian of	fice	r certificate described in	Part	II (a), above.								
С	I hereby a	pply	for examination	n in t	he grade o	of:											
14. The document	14. The documents indicated below will be submitted by me to the Test Supervisor: ☐ Seafarer's Book or Card No. ☐ Passport No. ☐ Liberian Certificate No.												•				
15. Test Center at which examination will be taken (see para. 10 page 4).									16. Date on which will report for examination.								
17. Language in which require examination questions. 18.								19. Name of vessel on which now serving (or will join).									
PART IV. AFFIDAVIT OF APPLICANTCERTIFICATE CANNOT BE ISSUED UNLESS APPLICANT SIGNS LABEL IN BLOCK #21																	
I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended; or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made part of this application.																	
20. Date of Application 20. Da																	
DO NOT WRITE BELOW THIS LINE (For Use of Office of the Deputy Commissioner).									STCW 1978 Certificate STCW 1995 Certificate						ificate		
GMDSS REST.	NWO		M (NT)		EWO		Steam		RTO-S		RT-PHON	Е	OIM	Date	and Initials of Grader		
GMDSS GEN.	NWO		MATE (NT)		EWO		Motor		RTO-2		APPROVE	D	BS				
GMDSS 1st Cl.	СМ		CE (NT)		1AE		Steam & Motor		RTO-1		REJECTE	D	BCO				
GMDSS 2nd Cl.	М		AE (LM)		CE		RADAR OBSRVR	RT	O-GENERAL		REJECTE	D	MS ETO				

PREVIOUS EDITIONS OF THIS FORM MAY NOT BE USED

PART V. CERTIFICATE VERIFICATION

The undersigned filing agent confirms that they have verified and confirmed with the certificate's issuing authority that the original foreign office Certificate of Competence as described in Part II(B) is a valid original certificate. An attached copy of the verification is provided on the application.

PART VI.	SEA SERVICE		during the last five years or more to establish eligibility for the officer certificate requested. bacity, you must describe the Liberian officer certificate held in Part II(a).													
Propulsion						PERIOD OF SERVICE						TOTAL SERVICE				
Steam or Name of Vessel		Gross Tons/Engineers	Flag	Name of Managing	Capacity in		From			То						
Motor)	Name of Vessel	list kW Propulsion Power	Flag	Operator	which served	day	month	year	day	month	year	years	months	days		
PART VII. NAUTICAL, ENGINEERING OR RADIO SCHOOLS ATTENDED.						(To be completed by all applicants claiming school attendance to supplement or in lieu of sea service.)										
					Dates Attended Type of Degree or Diploma											
1	Name of School		From	То	To Received upon Graduation											
			TIOM	10		······································										
PART VIII. APPLICANTS FOR RADIO OPERATORS CERTIFICATE						PART VIII. APPLICANTS FOR OFFICER'S CERTIFICATE AT THE MANAGEMENT										
MUST READ AND SIGN THIS OBLIGATION:					LEVEL MUST SIGN THIS AFFIDAVIT/ACKNOWLEDGMENT.											
By affixing my signature below, I acknowledge that I am obliged to ensure and maintain the secrecy of all telecommunications of which I may gain knowledge in the course of my services, and that I am likewise obliged not to reveal the existence or contents of any correspondence to anyone other than the addressee. My signature further acknowledges that, if I should breach these obligations, my Certificate of Competence issued pursuant to this application may be suspended and/or revoked.					These applicants include Master and Chief Mate applicants for service on board ships of 500 gross tonnage or more, as well as Chief Engineer and First Assistant Engineer applicants for service on board ships powered by main propulsion machinery of 750 kW propulsion power or more. I hereby acknowledge and affirm that I have received from the Administration a copy of the publication RLM-105A ("Familiarization with the National Maritime Legislation") which I will review to ensure that I become familiar with the national maritime legislation of the Republic of Liberia relevant to the functions to be performed by me for which I have applied to be certificated.											
Signature						Signature										