



**REPUBLIC OF THE MARSHALL ISLANDS
MARITIME ADMINISTRATOR**

APPLICATION FOR SEAFARER DOCUMENTS

I hereby affirm that all information provided by me in applying for Republic of the Marshall Islands seafarer documents, inclusive of supporting documents and proofs, is true and correct to the best of my knowledge and belief; further, that no license, certificate or document issued to me heretofore by any government has ever been revoked or suspended, or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made a part of my application.

Signature of applicant	Name of applicant (Surname, Given Names(s))	Date (month/day/year)

APPLICATION FOR RADIO OPERATOR'S CERTIFICATE

APPLICANTS MUST READ AND SIGN THIS OBLIGATION

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.

Signature of applicant	Name of applicant (Surname, Given Names(s))	Date (month/day/year)

APPLICATION FOR OFFICER'S CERTIFICATE AT THE MANAGEMENT LEVEL

APPLICANTS MUST READ AND SIGN THIS AFFIDAVIT/ACKNOWLEDGMENT

These applicants include those for Master, Chief Mate, Chief Engineer, First Assistant Engineer, and Offshore Installation Managers on Mobile Offshore Units.

I hereby acknowledge and affirm that I have read the publication MI-105A ("Familiarization with the National Maritime Legislation"), which is available for additional review online at www.register-iri.com. My review and ability to re-review this publication at any time, helps ensure that I have and will continue to become familiar with the national maritime legislation of the RMI relevant to the functions to be performed by me for which I have applied to be certificated.

Signature of applicant	Name of applicant (Surname, Given Names(s))	Date (month/day/year)