

# Seafarer Licensing

## APPLICATION FOR A MARITIME QUALIFICATION - 15088

Maritime New Zealand, PO.Box 27006, WELLINGTON. Phone: 04 473 0111, Freephone: 0508 225522

PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM

SECTION A MUST BE COMPLETED BY ALL CANDIDATES

FAMILY NAME		FIRST NAMES	
PRESENT NATIONALITY	DATE OF BIRTH	PLACE OF BIRTH (TOWN & COUNTRY)	
POSTAL ADDRESS			
HOME PHONE NUMBER	FAX NUMBER	MOBILE PHONE NUMBER	EMAIL ADDRESS

### SECTION B COURSE DETAILS

COURSE TO BE ATTENDED AT:	START DATE	EXAMINATION DATE
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### SECTION C MARITIME DOCUMENT(S) NOW REQUIRED (TICK BOX(ES))

REVALIDATION OF CERTIFICATE Type of certificate <input type="checkbox"/>		REPLACEMENT CERTIFICATE OR LICENCE Please complete SECTION E <input type="checkbox"/>
<b>DECK OFFICERS</b> Master of a foreign-going ship <input type="checkbox"/> Class I deck officer <input type="checkbox"/> First Mate of a foreign-going ship <input type="checkbox"/> Class II deck officer <input type="checkbox"/> Second Mate of a foreign-going ship <input type="checkbox"/> Master of a deep-sea fishing vessel <input type="checkbox"/> Mate of a deep-sea fishing vessel <input type="checkbox"/> New Zealand Offshore Master <input type="checkbox"/> New Zealand Offshore Watchkeeper <input type="checkbox"/> Inshore Launchmaster <input type="checkbox"/> Local Launch Operator <input type="checkbox"/> GMDSS Radio Operator <input type="checkbox"/> New Zealand Chief Mate <input type="checkbox"/> New Zealand Master (yacht < 500gt) <input type="checkbox"/> New Zealand Master (yacht) <input type="checkbox"/>  Pilot <input type="checkbox"/> Pilot Exemption <input type="checkbox"/>	<b>ENGINEER OFFICERS</b> S = Steam, M = Motor    S   M   S&M Marine Engineer Class 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marine Engineer Class 2 with Chief Engineer endorsement <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marine Engineer Class 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chief Engineer of a deep-sea fishing vessel <input type="checkbox"/> Marine Engineer Class 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marine Engineer Class 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marine Engineer Class 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marine Engineer Class 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  <b>RATINGS</b> Advanced Deckhand <input type="checkbox"/> Deck Watch Rating <input type="checkbox"/> Engine-room Watch Rating <input type="checkbox"/> AB certificate <input type="checkbox"/>	<b>RENEWAL</b> LLO/LLL <input type="checkbox"/>  <b>ENDORSEMENTS</b> STCW95 (to New Zealand Offshore Master) <input type="checkbox"/> Ro-ro Passenger Operator <input type="checkbox"/> Tanker                      Oil                      Chem                      LPG/LNG Class 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Class 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>  Other (please specify) <input type="checkbox"/> _____ _____ _____
		<b>RESIT</b> <input type="checkbox"/> _____

### SECTION D CERTIFICATE(S) OF COMPETENCY OR LICENCE(S) HELD AT PRESENT

GRADE(S)	NUMBER(S)	DATE(S) OF ISSUE
_____	_____	_____
_____	_____	_____

SECTION E TO BE COMPLETED ONLY FOR ISSUE OF REPLACEMENT CERTIFICATE OR LICENCE

GRADE(S)	NUMBER(S)	DATE(S) OF ISSUE
_____	_____	_____
_____	_____	_____
_____	_____	_____

DECLARATION

I, \_\_\_\_\_ (FULL NAME)

of \_\_\_\_\_ (ADDRESS)

Do solemnly and sincerely declare that:

My certificate(s)/licence(s)\*, particulars of which are given above, was / were\* lost / destroyed\* (\*DELETE WHAT DOES NOT APPLY)

at \_\_\_\_\_ (PLACE)

on \_\_\_\_\_ (DATE)

Under the following circumstances: (GIVE FULL DETAILS – CONTINUE ON ANOTHER SHEET OF PAPER IF NECESSARY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statements made herein, and in sections A & B of this form, are correct and true to the best of my knowledge, and belief; and I make this declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

(CAUTION – EVERY PERSON WHO MAKES A FALSE REPRESENTATION FOR THE PURPOSE OF OBTAINING A MARITIME DOCUMENT IS LIABLE TO IMPRISONMENT FOR A PERIOD NOT EXCEEDING 12 MONTHS OR TO A FINE NOT EXCEEDING \$5000)

Signature \_\_\_\_\_

Declared at \_\_\_\_\_ on \_\_\_\_\_

(PLACE) (DATE)

Before me \_\_\_\_\_

A PERSON AUTHORISED TO TAKE STATUTORY DECLARATIONS

SECTION F ALL APPLICANTS MUST READ AND SIGN THIS SECTION

**PERSONAL INFORMATION**

**I HEREBY DECLARE** that the particulars entered in this application form are true and correct and that the papers sent with this form are true and genuine documents given and signed by the persons whose names appear on them; and

**I HEREBY AUTHORISE** Maritime NZ to:

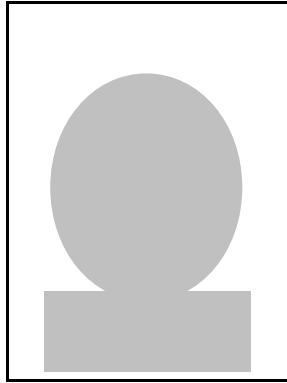
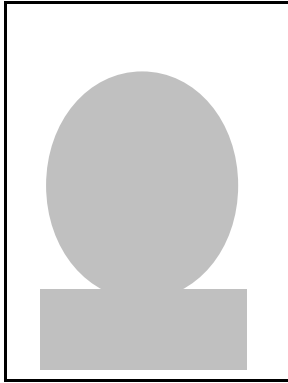
- use any of the foregoing personal information provided for the purpose relating to maritime safety, or to further the lawful activities of the Maritime NZ; and
- disclose the information to any division of Maritime NZ or its agents, or its contractors, or to any other person where such disclosure is necessary to further the purposes, activities or objectives specified in (1) above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE - Maritime NZ will keep the information secure and only disclose it in the manner stated above.  
Maritime NZ recognises that you are entitled to see and correct the information referred to above.

**SECTION G** ALL APPLICANTS FOR NEW CERTIFICATES OR LICENCES

PLEASE SIGN BELOW AND ATTACH TWO PASSPORT SIZE AND STYLE PHOTOS



2 x Passport-style Photographs



Signature – PLEASE KEEP COMPLETELY WITHIN THE BOX

**FOR MARITIME NZ USE ONLY** SUPPORTING DOCUMENTS

DOCUMENTS SUPPLIED

Administration Fee	<input type="checkbox"/>	Basic fire-fighting	<input type="checkbox"/>	Signals pass	<input type="checkbox"/>
F & PP questionnaire	<input type="checkbox"/>	Advanced fire-fighting	<input type="checkbox"/>	Navigation control	<input type="checkbox"/>
Birth certificate/Passport	<input type="checkbox"/>	PSC & RB	<input type="checkbox"/>	ENS	<input type="checkbox"/>
Proof of sea service	<input type="checkbox"/>	First aid / PMFA	<input type="checkbox"/>	Work record book	<input type="checkbox"/>
Duties at Sea record	<input type="checkbox"/>	Medical Care Onboard	<input type="checkbox"/>	W/k certificate	<input type="checkbox"/>
Employers testimonials	<input type="checkbox"/>	Medical Fitness	<input type="checkbox"/>	Steering certificate	<input type="checkbox"/>
Character reference	<input type="checkbox"/>	C/E references	<input type="checkbox"/>	GMDSS	<input type="checkbox"/>
Present certificate	<input type="checkbox"/>	Eng Training book	<input type="checkbox"/>	GOC	<input type="checkbox"/>
Photographs	<input type="checkbox"/>	Proof of initial training	<input type="checkbox"/>	GROC	<input type="checkbox"/>
Previous certificate	<input type="checkbox"/>			Restricted R/T	<input type="checkbox"/>
Old SGL	<input type="checkbox"/>			Restricted radar	<input type="checkbox"/>
Other _____	<input type="checkbox"/>				<input type="checkbox"/>

RECEIPT NUMBER	FEE PAID / AMOUNT \$	DATE PAID
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EYESIGHT TEST

DATE	PLACE	RESULTS
		Letter                      Ishihara                      Lantern
REMARKS		

TESTIMONIAL	SEA SERVICE	APPLICATION IN ORDER	EXAMINATION PERMIT ISSUED
Date Type	Checked	Applicant may sit for:	Date Initials

EXAMINATION RESULTS

DATE	PORT	WRITTEN	ORALS	EXAMINER
CERT TO BE ISSUED	DATE ISSUED	DATE SENT	SENT TO	
ID NUMBER	ROTATION NUMBER	CERTIFICATE NUMBER		

REMARKS