

**Instructions for Completion and Example of Completed Application
Form for Seafarer's Documents A15 and General Notes**

Completion of Application form A15.

Item numbers refer to box numbers as per attached example. Blank form A15 should be downloaded from our website.

Type of Application – Please indicate type of document/s required -:
CDC only, CDC and CoE, CDC/Coe and GMDSS/Tanker,
Renewal/Replacement of existing documents (indicate which)

Part A – personal details to be completed by all seafarer's

- 1) Enter Family/Surname of seafarer as shown on passport.
- 2) Enter first names or given names if no surname/family name.
- 3 – 8) Enter full details of usual or contact address.
- 9) Enter contactable Telephone number (also Fax./Email numbers if available).
- 11) See note 4 – Enter National Passport number. If a National Identity Card or Seaman's passport is submitted, it must be recognised by the issuing authority as a travel document .
- 12) Enter seaman's SKN number for renewal/replacement documents.
- 13} Enter date of birth as per passport.
- 14) Enter place of birth as per passport
- 15) Enter Nationality as per passport
- 16) Enter Height and Weight in cm/Kg. These details should be taken from the medical certificate which must also be provided as part of the support documentation.
- 17 & 18) Enter colour of Hair and Eyes as verified by passport photograph.
- 19 & 20) Enter medical certificate issue/expiry date as per the medical certificate.
- 21) Enter M or F as applicable.
- 22) Note any distinguishing marks as may be appropriate.
- 23 – 34) Enter all details of next of kin who can be contacted in case of emergency.

Part B – Certificate of Endorsement details

- 35) Enter capacity of applicant as per certificate of competency.
- 36) Date of issue of CoC.
- 37) Date of expiry of CoC.
- 38) Enter certificate number.
- 39) Enter name of the issuing authority.
- 40, 41, 42) Enter the functions, level and detail any limitations applying to the CoC and certificate applied for.
- 43, 44) Enter capacity of applicant and any limitations as applicable as per the CoC.
- 45) If additional endorsement is require (GMDSS/tanker etc) please mark appropriate box.
- 46) Enter date of issue of additional endorsement.
- 47) Enter date of expiry of additional endorsement.

- 48) Enter certificate number of additional endorsement..
- 49) Enter name of the issuing authority of the additional endorsement.
- 50) List full details of sea service during the last 5 years.

Basic training/instruction received in accordance with STCW Convention.

51) ALL seafarer's serving at sea MUST undergo basic emergency, occupational safety, medical care and survival training/familiarisation and MUST produce copies of the basic training certificates as listed in part 51. Please mark boxes to show that appropriate certificates have been produced and are valid: -

- Personal Survival Techniques
- Fire Prevention/Fire Fighting
- Elementary First Aid
- Personal Safety and Social Responsibilities

Also, please note that where held, a certificate of proficiency as Ship Security Officer must also be included.

WE DO NOT REQUIRE ANY OTHER TRAINING CERTIFICATES OTHER THAN THOSE SHOWN ON A15.

Renewal or Replacement of documents

52) Mark appropriate reason for renewal or replacement if required.

Part C – Declaration – To be completed by all Seafarer's

53) Part C – Declaration

All seafarers should read the declaration. THE SEAFARER MUST THEN SIGN THE DECLARATION WITH HIS/HER OWN SIGNATURE.

The signature MUST BE WITHIN THE BOX WITHOUT TOUCHING ANY OF THE BOX LINES. This is very important as the signature is scanned onto the CDC/CoE and may not be usable if signed outside of the box area.

The application form MUST then be dated.

Part D – supporting documents required with the application

All supporting documents are itemised and specified in part D, 1 - 11 of the application form. These MUST be supplied with the application.

The appropriate box must be ticked to indicate and confirm that these have been submitted by the seafarer and are attached.

Any deficiencies in this part of the application will result in the application being returned to the MR for rectification.



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act No. 24 of 2002
Department of Maritime Affairs, Ministry of Public Works, Utilities, Transport and Posts



APPLICATION FOR SEAFARERS DOCUMENTS

(STCW Certificate of Endorsement (CoE) attesting the recognition of another Administration's Certificate and/or Continuous Discharge Certificate (CDC) incorporating Seafarers Identification and Sea Service Record)

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING AND READ EXPLANATORY NOTES ON PAGE 3

TYPE OF APPLICATION (please tick) Certificate of Endorsement Continuous Discharge Certificate GMDSS / Tanker Renewal/Replacement

PART A – TO BE COMPLETED BY ALL SEAFARERS

PERSONAL DETAILS OF SEAFARER (All items marked with an asterisk * are compulsory)			
1) * Family Name / Surname(s) of Seafarer: Smith		2) * Given name(s) of Seafarer: Joseph Andrew	
* Home Address of Seafarer: Documents will be sent to this address unless the application is made through the Dept. of Maritime Affairs, the office of a Maritime Registrar or other party (e.g. Owner, Crew Manager) when they will be sent to that office for passing onto the seafarer			
3) * Address Line 1	68 Hamlet Gardens		
4) * Address Line 2	Unit 2, Block 1		
5) * Town/City	Lewes	6) * County/State	Sussex
7) * Post/Zip Code (if available)	AB21 B35		
8) * Country	United Kingdom		
9) Tel: ++4423 086 1234	10) Fax: (if available) ++4423 086 1235	11) Email: (if available) smithja@hotmail.com	
11) * Passport No: (see Notes on pg 3) E1987654	12) SKN Seafarers No: (renew/replace) 800	13) *Date of birth (dd/mm/yy): 18/04/1964	14) *Place of birth: Liverpool, UK
15) *Nationality: British	16) *Height/ Weight: 172 cm / 85 Kg	17) *Colour of hair: Grey	18) *Colour of eyes Brown
19) *Medical Certificate Issue Date: 20/06/2007	20) *Medical Certificate Expiry Date: 20/06/2009	21) *Sex (M/F): M	
22) *Distinguishing marks (if any): None			
DETAILS OF NEXT OF KIN OR PERSON WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY			
23) *Name (Family name, Given name): Smith, Heather		24) *Relationship (e.g. Mother, Wife, Friend): Mother	
25) *Address (If same as seafarer, state "same as above"):			
26) *Address Line 1	Same as above		
27) Address Line 2			
28) * Town/City	29) * County/State		
30) Post/Zip Code (if available)			
31) *Country			
32) Tel:	33) Fax: (if available)	34) Email: (if available)	

PART B – TO BE COMPLETED BY APPLICANTS REQUIRING A CERTIFICATE OF ENDORSEMENT

DESCRIPTION OF HIGHEST GRADE OF CERTIFICATE NOW HELD		
35) Grade: Chief Mate	36) Date of Issue: (dd/mm/yy) 19/10/2005	37) Date of Expiry: (dd/mm/yy) 19/10/2010
38) Certificate No: NCVO – 1/1234	39) Name of Issuing Authority (Flag State) : Ukraine	
LEVEL OF CERTIFICATE OF ENDORSEMENT APPLIED FOR (if applicable to this application)		
40) Function:	41) Level:	42) Limitations Applying (if any):
Navigation	Management	Not valid for service on Tankers
Cargo Handling & Stowage	Management	
Controlling the operation of the ship and care of persons onboard	Management	
Marine Engineering		
Maintenance & Repair		
Electrical, Electronic & Control Engineering		
Radiocommunications	Operational	
43) Capacity	44) Limitations Applying (if any):	
Chief Officer	None	
Second Officer	None	
OOW Navigational	None	

45) ADDITIONAL ENDORSEMENT REQUESTED (if required, tick box)					
GOC (GMDSS)	<input checked="" type="checkbox"/>	Chemical Tanker	<input type="checkbox"/>	Dangerous Goods	<input type="checkbox"/>
Gas Carrier	<input type="checkbox"/>	Passenger Ship	<input type="checkbox"/>	Steam (Engine Officers)	<input type="checkbox"/>
Oil Tanker	<input type="checkbox"/>	Ro-Ro Passenger Ship	<input type="checkbox"/>	Other (please state details below)	<input type="checkbox"/>
46) Date of Issue of current endorsement: 26/11/2005			47) Date of Expiry of current endorsement: 20/11/2010		
48) Endorsement No: GOC - 01234			49) Name of Issuing Authority (Flag State): Ukraine		

50) *SEA SERVICE DURING THE LAST 5 YEARS (continue on separate sheet if required)					
Ship Name	Flag State (Country)	Rank in which served	Start (dd/mm/yy)	End (dd/mm/yy)	Total Sea Service
Karen	India	Chief Officer	17/04/2007	27/06/2007	2 mth 10 day
Shev Rama	India	Chief Officer	24/11/2006	12/02/2007	2 mth 18 day
Trail Blazer	Panama	Second Officer	17/02/2005	23/08/2008	6 mth 6 day
Koyto Sanora	Panama	Second Officer	29/05/2004	16/08/2004	2 mth 17 day

51) Seafarer's shall receive familiarization and basic training or instruction in accordance with section A-VI/1 of the STCW code. The following certificate/s * must be included with this application evidencing the applicant's proficiency in the following Emergency, Occupational Safety, Medical Care and Survival Functions.

(please tick in boxes below):

<input checked="" type="checkbox"/>	Regulation VI/1-1 Competence in personal survival techniques	<input checked="" type="checkbox"/>	Regulation VI/1-4 competence in personal safety and social responsibilities
<input checked="" type="checkbox"/>	Regulation VI/1-2 Competence in fire prevention and fire fighting	<input type="checkbox"/>	Regulation VI/5 - Proficiency for Ship Security Officers **
<input checked="" type="checkbox"/>	Regulation VI/1-3 Competence in elementary first aid		

* Applicant's proficiency as per regulations VI/1, 1-4 may be evidenced by one certificate covering all functions, or by certificates showing each function separately.

** For candidates for a certificate of proficiency as a ship security officer

52) REASON FOR REPLACEMENT OR RENEWAL

<input type="checkbox"/>	No more room for entries	<input type="checkbox"/>	Document has been lost (please explain circumstances of loss below)
<input type="checkbox"/>	Document is now expired	<input type="checkbox"/>	Document has been damaged
<input type="checkbox"/>	Requires amending (state amendment below)	<input type="checkbox"/>	Other (please explain in the box below)

Details:

53) PART C – DECLARATION – TO BE COMPLETED BY ALL SEAFARERS

I hereby declare that the information contained on this application is true and correct and I apply for the Seafarers documents requested. If I am applying for a Certificate of Endorsement issued under STCW Convention, Regulation II/2, III/3 OR III/4 or issued under VII/1 at Management Level, I have familiarised myself with St. Kitts & Nevis Maritime Legislation as available on the website www.StKittsNevisRegistry.net. I am aware that if I submit fraudulent documents, I may be banned from serving on St. Kitts & Nevis ships and liable for prosecution.

Joseph A. Smith

01/05/2008

Signature of Seafarer

Date of Application

Please keep your signature within the box and sign without touching any of the box lines

PART D – SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION

*SUPPORTING DOCUMENTS REQUIRED (all applications):		Attached (please tick)	For Official use
1	Copy of passport – showing personal details of Applicant as per those entered on this Application Form	✓	
2	2 x Passport size photos - with applicants name printed on the reverse	✓	
3	Valid Medical Fitness Certificate (the medical examination must be carried out no more than 18 months before this application)	✓	
4	Copies of training certificates (as outlined in 51), above)	✓	
5	Payment or Proof of payment of Fees	✓	
6	Any other documentation SKANReg may deem necessary for this application (if requested)		
In addition - for Continuous Discharge Certificate (CDC)			
7	Current CDC (if requesting renewal/replacement)		
In addition - for Certificate of Endorsement (CoE)			
8	Copy of current Certificate of Competency (COC) from the home country of the applicant or a country listed in the "White List" of the IMO.	✓	
9	Copy of current additional Endorsement (GMDSS, Tanker, etc) (if applying for this)	✓	
10	Proof of Sea Service – copy of sea service certificates or pages from seaman's book showing personal details and ranks served	✓	
11	Current CoE (if applying for extension)		

EXPLANATORY NOTES FOR APPLICANTS:

- All information must be printed in CAPITAL LETTERS in black ink or by typing.
- Failure to complete the Application Form fully or submit the required documentation may result in rejection or delays in processing.
- Applicants must sign in the box shown, keeping their signature within the box lines.
- Item (11) – Passport – This must be a National Passport. If a National Identity Card or Seaman's Passport is submitted, this must be recognised by the issuing authority as a travel document i.e. can be used in lieu of a National Passport.
- Applicants may initially submit their application by scanning the Application Form and supporting documents and submitting by email to mail@StKittsNevisRegistry.net. The original can be forwarded by mail/courier.
- All supporting documents submitted must be clear copies and legible.
- For an up to date status on the IMO "Whitelist" see www.imo.org
- Endorsements issued by SKANReg will have the same expiry date as the Certificate whose recognition they attest, up to a maximum of 5 years.
- Applicants for Endorsements, must be in possession of, or have applied for, a St. Kitts & Nevis CDC.
- Application Fees will NOT be returned if incorrect information or documentation is submitted.
- For more information see the website www.StKittsNevisRegistry.net

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