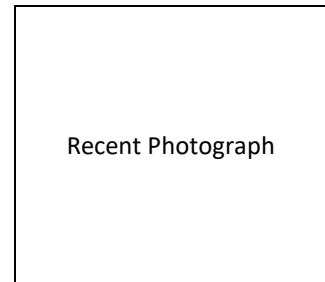




Date of Application:	
Rank Applied for:	
Licence Holder:	



A. PERSONAL INFORMATION

LAST NAME		FIRST NAME	
OTHER NAMES		NATIONALITY	
SEX	M <input type="checkbox"/> F <input type="checkbox"/>	BIRTH PLACE	DATE OF BIRTH
MARITAL STATUS		COLOUR OF EYES	HAIR COLOUR
FATHER'S NAME		MOTHER'S NAME	
VAT No.		TAX AUTHORITY:	MILITARY OBLIGATION FULFILLED: (YES/NO)
NAT STATUS (active/retired)		NATIONAL ID No:	SOCIAL SECURITY No.:
CRIMINAL RECORD : HAVE YOU EVER BEEN ARRESTED OR CONVICTED FOR A CRIME: YES <input type="checkbox"/> NO <input type="checkbox"/>			
HEIGHT (CM)		WEIGHT (KG):	NEAREST (INTL) AIRPORT:
SHIRT SIZE		BOILER SUIT SIZE (S,M,L,XL,XXL)	
WINTER JACKET SIZE		SAFETY SHOES NO.	
COVID-19 VACCINATION	1 ST DOSE TYPE / DATE	2 ND DOSE TYPE / DATE	BOOSTER DOSE TYPE / DATE

B. RESIDENCE

STREET		FULL NAME	
POST CODE		RELATION	
CITY		DATE OF BIRTH	
COUNTRY		STREET, P.C.	
TEL. NO.		CITY	
MOBILE		COUNTRY	
E-MAIL		TEL. NO.	
SKYPE ID		MOBILE	

C. DETAILS OF CHILDREN

NAME OF CHILD	SEX	DATE OF BIRTH
	M <input type="checkbox"/> F <input type="checkbox"/>	
	M <input type="checkbox"/> F <input type="checkbox"/>	



D. FLAG ENDORSEMENTS

Marshall Islands: (YES / NO)

Malta: (YES / NO)

E. TRAVEL DOCUMENTS

DOC./VISA TYPE	DOC. NO.	ISSUE DATE	EXPIRY DATE	ISSUE AUTHORITY	COUNTRY
PASSPORT					
SEAMAN BOOK					
US C1/D VISA					

F. ACADEMIC EDUCATION

SCHOOL /ACADEMY NAME	FROM	TO
SCHOOL /ACADEMY NAME	FROM	TO

G. LICENCE INFORMATION

LICENCE NAME	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUE AUTHORITY	COUNTRY

H. LIST OF DOCUMENTS / TRAININGS

	ISSUE DATE	EXPIRY DATE	ISSUED BY (AUTHORITY)
MEDICAL CARD			
YELLOW FEVER VACCINATION CERTIFICATE		N/A	
BASIC SAFETY TRAINING			
PROFICIENCY IN SURVIVAL CRAFTS			
ADVANCE FIRE FIGHTING			
MEDICAL FIRST AID			
SHIP SECURITY OFFICER			
BASIC TRAINING FOR LIQUEFIED GAS TANKER CARGO OPERATIONS			
ADVANCED TRAINING FOR LIQUEFIED GAS TANKER CARGO OPERATIONS			
LNG CARGO HANDLING SIMULATOR			
STS SIMULATOR			
SHIP MANEUVERING (BAHIA BLANCA & ESCOBAR)			
SHIP HANDLING			
BRIDGE RESOURCE/TEAM MANAGEMENT (BRM/BTM)			
ENGINE RESOURCE/TEAM MANAGEMENT (ERM/ETM)			
HIGH VOLTAGE INSTALLATIONS			
SHIPBOARD SAFETY OFFICER			
MEDICAL CARE (DECK OFFICERS)			
SHIP SECURITY AWARENESS OR SHIP DESIGNATED SECURITY DUTIES			
PASSAGE PLANNING (DECK OFFICERS)			
ECDIS – GENERIC (DECK OFFICERS)			
ECDIS - TYPE SPECIFIC / JRC 7201-9201 or JRC 701-901 (DECK OFFICERS)			
MEDIA HANDLING ON CRISIS			
RISK ASSESSMENT			
HAZARDOUS ATMOSPHERE MONITORING			
INCIDENT INVESTIGATION AND ROOT CAUSE ANALYSIS			



I. SEAFARER'S SAILING RECORD *(PLEASE START FROM THE LATEST SEA SERVICE)*

NAME:		PRESENT RANK:					DATE:			
VESSEL NAME	COMPANY NAME	VESSEL TYPE (DESIGN)	FLAG	DWT.	ENGINE TYPE	BHP	RANK	SIGNED ON	SIGNED OFF	SIGN OFF REASON

**J. LIST SEA SERVICE ON VESSELS WITH RE-LIQUEFACTION PLANT & TYPE****K. SPECIAL OPERATIONS (gas freeing/gassing up, Cooling Down, Dry Dock, STS – GAS Tankers only)**

TOTAL NUMBER OF STS OPERATIONS: (GAS)

L. AVAILABILITY

AVAILABILITY DATE

COMMENTS:

M. REFERENCES

COMPANY NAME

ADDRESS

PHONE NO.

FAX/E-MAIL

CONTACT PERSON

N. ENGLISH PROFICIENCY

FLUENT

V. GOOD

GOOD

FAIR

POOR

CERTIFICATE OF COMPETENCY IN ENGLISH:

ISSUE DATE:

O. HOW / WHERE DID YOU HEAR FOR OUR COMPANY

ACADEMY

FRIEND / RELATIVE

MARINE MAGAZINE / NEWSPAPER

SOCIAL MEDIA

OTHER (please specify):

P. CONSENT TO USE PERSONAL INFORMATION

In the process of the ordinary personnel administration and common services, I hereby submit to the Company my personal information as above, which is full and accurate, and I grant my consent to the Company to collect and use it with the purpose of personal identification, personnel administration, training programs registration, travel arrangements, etc. always within the governing law requirements.

Signature:

Date: