

### ST. VINCENT AND THE GRENADINES MARITIME ADMINISTRATION

# APPLICATION FOR RECOGNITION OF CERTIFICATES OF COMPETENCE ISSUED AS PER THE MARITIME COASTGUARD AGENCY FOR YACHTS & GENERAL OPERATOR CERTIFICATE / RESTRICTED OPERATOR CERTIFICATE

#### GENERAL INFORMATION AND INSTRUCTIONS

#### Please read carefully:

- 1. Print legibly or typewrite all information in English. Failure to correctly complete this application or to submit the required supporting documents may result in rejection of this application or delay in its processing. If the documents presented are not in English Language, a certified English translation of the documents must be submitted. Priority is given to Applications received by email. Applications are valid one year.
- Applications must be submitted to: THE COMMISSIONER FOR MARITIME AFFAIRS:

Geneva Office Piraeus Office **Monaco Office** 8. Avenue Frontenex Monte Carlo Sun E/F Vincentian house CH - 1207 Geneva 8 Kantharou & Sachtouri Street 74, Boulevard d'Italie Phone: +41 227076300 MC-98000 Monaco GR-185 37 Piraeus Phone: +30 210 4286976 Telefax: +41 227076349 Phone: +377 93 10 44 50 Telefax: +30 210 4185184 Email:stcw.geneva@svgmarad.com Telefax: +377 93 10 44 99 E-mail: stcw.monaco@svg-marad.com E-mail: cons\_svg@hol.gr

- 3. The following documents must be submitted with this application form:
  - A) Passport photographs:

For STCW Endorsement and Seaman's Book: Recent scanned photo (JPG format) of the applicant, passport size (3.5 cm x 4.5 cm).

- B) Identity document (copies only):
  - (1) A valid passport;
  - (2) A valid seamen's document issued by another Maritime Administration or a letter of commitment of employment from a shipping company for service on board a Vincentian flagged merchant vessel;
  - (3) A valid Licence of Competence issued in accordance with the MCA/USCG Standards for yachts for Navigational Officers together with supporting documents as per box 5.
- C) Revalidations Applications for renewal must include a copy of the new national endorsement and valid medical fitness certificate.
- D) **Medical requirements -** Applicants, other than stated below, should have a physical examination reported on a medical form issued by a licenced physician and valid for 2 (two) years.

Issue date:07/18 Issue No.:04 Revision No.: 06 QF-01A



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- 4. **Fees:** Payments should be made by transfer as follows:
  - Seamen's book US\$ 100.-
  - STCW 1995 Endorsement for Master or Officers, US\$ 150.-
  - Penalty for Forged Licences US\$ 500.- Penalty for Forged SVG Endorsements US\$ 3,000.- + one year imprisonment
  - Revalidation of SVG Endorsements: US\$ 100.- : Only if it is an extension of the validity of the National document (SVG Endorsement must be issued by the same office).

Payable to: CMB Monaco

17, Avenue des Spéluges.MC-98000 MONACO

In favour of: ST. VINCENT SHIPPING SERVICES LIMITED

Account No. 0676270

IBAN No: MC58 1756 9000 0106 7627 0000 265 Swift: CMBMMCMXXXX Clearing: 17569 Correspondent Bank: JP Morgan Chase Bank NA

SWIFT CODE: CHASUS33XXX

All documentation will be forwarded to the mailing address as indicated.

5. St. Vincent and the Grenadines Maritime Administration processes your personal data in compliance with the EU General Data Protection Regulation (GDPR) and all applicable National Data Protection Laws and Regulations.

To be fully transparent and provide you with detailed information relating to the protection of your personal data, we published our <u>data protection</u> <u>policy</u>.

#### This includes:

- Clarity on which data we have, how we use it and why we need it.
- Information about your rights and how you can exercise them.
- Details of who to contact if you have any questions or concerns.

We invite you to read our data protection policy which is available on our website:

www.svg-marad.com/data-protection-policy.asp



### ST. VINCENT AND THE GRENADINES MARITIME ADMINISTRATION

## APPLICATION FOR RECOGNITION OF YACHT CERTIFICATES OF COMPETENCE ISSUED AS PER MARITME COASTGUARD AGENCY (MCA) STANDARDS FOR YACHTS

| □ New Application  | ☐ Dupli   | cata                                  | ☐ Cer          | rtificate of Co             | mpet            | ence issued                               | d on                   |                         | at                    |                       |                       |
|--|---|---------------------------------------|----------------|-----------------------------|-----------------|---|------------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| 1. Particulars of Seafarer :   | Last Nam  | e / Famil                             | y Name:        | First Name                  | (Give           | en Name):                                 | M                      | liddle N                | lame :                |                       |                       |
|  |   |                                       |                |                             |                 |   |                        |                         |                       |                       | 3.5 X 4.5 cm          |
| Date of Birth:   |   | Place o                               | f Birth:       | •                           |                 | Citizenshi                                | p:                     |                         |                       |                       |                       |
|  |   |                                       |                |                             |                 |   |                        |                         |                       |                       | Two photographs here  |
| Hoight:  | cm.   | Colour                                | of eyes:       |                             | Colo            | our of hair:                              |                        |                         |                       |                       | See instructions for  |
| Height: 2. Contact details   | CIII.   | Coloui                                | oi eyes.       |                             | Coic            | our or mair.                              |                        |                         |                       | ┥.                    | detailed requirements |
| Permanent Address (Street, City & Country):  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
|  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| In case of emergency notify:   |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Full name:   | Rela  | ationship:                            |                | Address                     | s:              |   |                        |                         |                       |                       |                       |
| Address where the Certificate  | :   |                                       | De             | livery by:                  | 1               | Specia                                    | l Courier              |                         |                       |                       |                       |
|  | ☐ Ordinary mail   |                                       |                |                             | ]   اندر        | Europe USD 130                            |                        |                         |                       |                       |                       |
|  | otne di   |                                       |                |                             |                 | er Destination USD 170                    |                        |                         |                       |                       |                       |
| 3. Particulars of Certificate of Competence & Endorsements   |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Number:  | Issuing Authority:  |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Capacity:  |   |                                       | Date of Issu   | e:                          |                 |   | Date                   | of Exp                  | oirv:                 |                       |                       |
| Endorsement N°:  |   |                                       |                |                             |                 | enewed: Date of Expiry:                   |                        |                         |                       |                       |                       |
| Endorsement N .  |   |                                       | Date of 1880   | <u> </u>                    | \CIIC\          | weu.                                      | Date                   | : OI LX                 | ліу.                  |                       |                       |
| GMDSS Radio Operator: General Operator Restricted Operator Issuing Authority:  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Number:  | er: Date of Issue:  |                                       |                |                             | Date of Expiry: |   |                        |                         |                       |                       |                       |
| Endorsement N°:  |   |                                       | Date of Issu   | e: F                        | Renev           | wed:                                      | Date                   | of Exp                  | oirv:                 |                       |                       |
| ☐ Master (Y) (Reg II/2)  | □ Ch  | Eng (Re                               |                |                             |                 | GMDS                                      |                        |                         | Limitation            | ne (if                | any):                 |
| ☐ YM Ocean (RYA)   |   | Eng (Re                               |                |                             |                 | Operat                                    | _                      | _                       | Lillitatioi           | 113 (11               | ally).                |
| ☐ YM Offshore (RYA)  |   |                                       |                |                             |                 |   | <b>Operator</b> (1172) |                         | GT:                   |                       | kW:                   |
| Coast Skipper (RYA)  | ast Skipper (RYA) 2nd Eng (Reg  |                                       |                |                             |                 |   | ☐ General              |                         |                       |                       |                       |
|  |   |                                       |                | ineer. Officer of the Watch |                 |   | 4 m² = 4 = al          | Geographical / others : |                       |                       |                       |
| <ul> <li>DOOW (Y) (Reg II/1) –</li></ul>   |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Book Gilloof of the Water  |   | у прріс                               | voa Engino     | Course                      |                 |   |                        |                         |                       |                       |                       |
| 4. Capacity in which the off   | embark on : Ves.  |                                       |                |                             | essel           | •   |                        |                         |                       |                       |                       |
|  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Master   |   |                                       |                |                             |                 | ck Officer<br>gineering Officer           |                        |                         |                       |                       |                       |
| ☐ Chief Engineer   |   |                                       |                | cona Enginee                | er              |   | nginee                 | ering O                 | πicer                 |                       |                       |
|  |   |                                       |                | ,                           |                 |   | I                      |                         |                       |                       |                       |
| 5. Copy of documents that  Certificate of Competence   |   | compan                                |                |                             |                 |   |                        |                         |                       |                       | s (if applicable):    |
| Passport   | <ul><li>☐ Two Passport photogra</li><li>☐ Medical Certificate issue</li></ul> |                                       |                |                             |                 | GMDSS General Oper<br>GMDSS Restricted Op |                        |                         |                       |                       |                       |
|  |   |                                       | incarcar       | oor amound noo              | aoa (           | J   |                        |                         | 11001110104           | Оро                   | 14.01 (17/2)          |
| 7 The following declaration  | should h  | e sianea                              | l hy the Mar   | nager / Owne                | ar and          | d the Annli                               | cant                   |                         |                       |                       |                       |
| 7. The following declaration should be signed by the Manager / Owner and the Applicant.  The undersigned declares that the officer described in his application and whose documents or copies are attached is proficient in spoken and written |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| English to a standard sufficient for service in a St Vincent and the Grenadines ship. Further, that the officer can use and understand manuals, documents,   |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| equipment instructions, orders and other material in English, necessary for the function to be performed on board.  Knowledge of Maritime Legislation of St. Vincent and the Grenadines for Masters and Officers serving at Management level:  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| For designated Officers, the undersigned declares that the officer whose particulars are given in this form is competent in the matters of St. Vincent and the   |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Grenadines Shipping Legislation  | and its app   | lication. (S                          | hipping Act 20 | 004 Part VI, Se             | ection          | 103) (Shippir                             | ng Act                 | 2004, P                 | art VI, Section       | ons 7                 | 5-132)                |
| ΔΙΙ  | THE INFO  | RMATIO                                | N PROVIDE      | D IN THIS AF                | PPI I           | CATION IS                                 | TRUF                   | EAND                    | CORRECT               | Γ                     |                       |
| 7166   |   |                                       |                | <b>v</b> Al                 |                 |   |                        |                         |                       | -                     |                       |
|  |   |                                       |                |                             |                 |   |                        |                         |                       |                       |                       |
| Date of Application:   |   | Name and Signature of Manager / Owner |                |                             |                 |   |                        |                         | _                     | ignature of Applicant |                       |
| Date OF ADDICATION   | Name and Signature of Manager / Owner S                                       |                                       |                |                             |                 |   |                        |                         | ignature of Applicant |                       |                       |