



**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 the English Language, a certified English translation of the documents must be submitted.
2. Applications must be submitted to: THE COMMISSIONER FOR MARITIME AFFAIRS:

Piraeus Office	Geneva Office	Monaco Office
Vincentian house 8 Kantharou & Sahtouri Street GR-185 37 Piraeus Phone: +30 210 4286976 Telefax: +30 210 4185184 E-mail: cons_svg@hol.gr	8, Avenue Frontenex CH – 1207 Geneva Phone: +41 227076300 Telefax: +41 227076349 E-mail: stcw.geneva@svg-marad.com	Monte-Carlo Sun E/F 74, bd d'Italie MC - 98000 Monaco Phone: +377 93104450 Telefax: 377 93104499 E-mail: stcw.monaco@svg-marad.com

3. The following documents must be submitted with this application form:
 - A) **Two photographs** – A recent front view of the applicant, passport size, with the applicant's name printed on the reverse and signature on the front. Photographs should be 3.5 cm x 4.5 cm, portray a good likeness of, and identify the applicant.
 - B) **Identity document (copies only) :**
 - (1) A valid passport or national identity document
 - (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.
4. **Fees:** Payments must be made by cheque or money order drawn on a U.S. bank and payable in US\$ to the Government of St. Vincent and the Grenadines:
 - Seamen's book US\$ 100.-
 - STCW 1995 Endorsement for Master and Chief Engineer US\$ 200
 - STCW 1995 Endorsements for other 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:

CREDIT AGRICOLE (SUISSE) S.A., P.O. BOX 5260, CH- 1211 GENEVA 11 – SWITZERLAND
BENEFICIARY: HONORARY CONSULATE GENERAL OF ST. VINCENT AND THE GRENADINES (MARITIME AFFAIRS)
ACCOUNT NO: 0022688.0001.USD
IBAN NO: CH05 0874 1000 2268 8000 1
SWIFT CODE: AGRICHGG

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



**ST. VINCENT AND THE GRENADINES
MARITIME ADMINISTRATION**

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

<input type="checkbox"/> New Application		<input type="checkbox"/> Duplicata		<input type="checkbox"/> Certificate of Competence issued on _____ at _____	
1. Particulars of Seafarer : Last Name / Family Name: _____			First Name (Given Name): _____		Middle Name : _____
Date of Birth: _____		Place of Birth: _____		Citizenship: _____	
Height: _____ cm.		Colour of eyes: _____		Colour of hair: _____	
2. Contact details					
Permanent Address (Street, City & Country) : _____					
In case of emergency notify: Full name: _____ Relationship: _____ Address: _____					
Address where the Certificate is to be forwarded :				Delivery by: <input type="checkbox"/> Ordinary mail <input type="checkbox"/> Special Courier	
				<input type="checkbox"/> Europe USD 90.- <input type="checkbox"/> Other Destination USD 100.-	
3. Particulars of <input type="checkbox"/> Certificate of Competence & Endorsements					
Number: _____			Issuing Authority: _____		
Capacity: _____		Date of Issue: _____		Date of Expiry: _____	
Endorsement N°: _____		Date of Issue: _____		Renewed: _____ Date of Expir y: _____	
GMDSS Radio Operator: <input type="checkbox"/> General Operator <input type="checkbox"/> Restricted Operator				Issuing Authority: _____	
Number: _____		Date of Issue: _____		Date of Expiry: _____	
Endorsement N°: _____		Date of Issue: _____		Renewed: _____ Date of Expir y: _____	
<input type="checkbox"/> Master (Y) (Reg II/2)		<input type="checkbox"/> Ch. Eng (Reg III/2)		GMDSS Radio Operator (IV/2)	
<input type="checkbox"/> YM Ocean (RYA)		<input type="checkbox"/> Ch. Eng (Reg III/3)			
<input type="checkbox"/> YM Offshore (RYA)		<input type="checkbox"/> 2 nd Eng (Reg III/2)		<input type="checkbox"/> General	
<input type="checkbox"/> Coast Skipper (RYA)		<input type="checkbox"/> 2 nd Eng (Reg III/3)			
<input type="checkbox"/> Ch. Mate (Y) (Reg II/2)		<input type="checkbox"/> EOOW – Engineer. Officer of the Watch		<input type="checkbox"/> Restricted	
<input type="checkbox"/> DOOW (Y) (Reg II/1) – Deck Officer of the Watch		<input type="checkbox"/> MEOL – Marine Engine Operator Licence			
		<input type="checkbox"/> AEC – Approved Engine course		Limitations (if any): GT : _____ kW: Geographical / others : _____	
4. Capacity in which the officer is required to embark on :				Vessel : _____	
<input type="checkbox"/> Master <input type="checkbox"/> USD 200.-		<input type="checkbox"/> Chief Mate <input type="checkbox"/> Deck Officer <input type="checkbox"/> USD 150.-			
<input type="checkbox"/> Chief Engineer		<input type="checkbox"/> Second Engineer <input type="checkbox"/> Engineering Officer			
5. Copy of documents that should accompany this application (see procedure):				6. Copy of endorsements (if applicable) :	
<input type="checkbox"/> Certificate of Competence		<input type="checkbox"/> Two Passport photographs		<input type="checkbox"/> GMDSS General Operator (IV/2)	
<input type="checkbox"/> Passport		<input type="checkbox"/> Medical Certificate issued on: _____		<input type="checkbox"/> GMDSS Restricted Operator (IV/2)	
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 application. (Shipping Act 2004 Part VI, Section 103) (Shipping Act 2004, Part VI, Sections 75-132)					
ALL THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND CORRECT					
Date of Application: _____		Name and Signature of Manager / Owner _____		Signature of Applicant _____	

8. Administration use only					
Request for Confirmation of Authenticity submitted on: _____			Reminders sent on : 1 st 2 nd 3 rd		
Certificate of Competence Authenticity received on: _____			<input type="checkbox"/> Genuine		<input type="checkbox"/> Forged
GMDSS Authenticity received on: _____			<input type="checkbox"/> Genuine		<input type="checkbox"/> Forged
Payment : Endorsement (<input type="checkbox"/> \$150 <input type="checkbox"/> \$200) received on: _____			Special Courier (<input type="checkbox"/> \$90 <input type="checkbox"/> \$100) received on: _____		
Date : _____ The Certification & Control Officer : _____					