



MARAD Form 5

APPLICATION FOR A BOATMASTER OR BOAT ENGINEER LICENCE

PLEASE READ CAREFULLY each section of this application form in order to complete it correctly.

1. PERSONAL DETAILS						
Title (Mr/ Miss/ Mrs)			Sex	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	
Surname						
Forenames						
Date of Birth			Place of Birth			
Colour of Eyes			Height			
Citizenship						
Passport #			National ID#			
Address						
Telephone #						
Email						
2. CURRENT MARITIME CREDENTIALS						
Please complete this section if you are a holder of a harbour licence or a certificate of competency.						
Name of Licence/ Certificate						
Licence/ Certificate Number						
Country of Issue						
Date of Issue						
3. TYPE OF LICENCE FOR WHICH APPLICATION IS MADE						
Please tick only one to indicate your choice.						
Boatmaster Grade 1	Boatmaster Grade 2	Boatmaster Grade 3	Boat Engineer Grade 1	Boat Engineer Grade 2		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. SEAFEARING RECORD OF EXPERIENCE, OR PROFICIENCY						
Please start with your most recent service from the top row.						
Start Date D/ M/ Y	End Date D/ M/ Y	Days Worked	Type of Vessel/ Operation	Vessel's Name	Designation	Area of Operation

5. MARITIME CERTIFICATIONS		
Course Description	Date of Course	Training Provider
Basic Sea Survival		
First Aid At Sea		
Basic Firefighting		
Radio Operator Licence		
Boat Instructions <i>(For Boatmaster Licence)</i>		
Boat Engineer's Course <i>(For Boat Engineer Licence)</i>		

6. OTHER MARITIME QUALIFICATION			
Please list any other maritime certificate that you may have.			
Certificate Description	Issuing Authority	Country	Date of Issue

I hereby declare to be true and correct all information given by me on this application form:

Signature		Date	
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*** OFFICIAL USE ONLY ***			
Results of candidates (new applicants or resit candidates) of the Boatmaster or Boat Engineer Examinations:			
CANDIDATE SUCCESSFUL [PASSED] <input type="checkbox"/>		CANDIDATE UNSUCCESSFUL [DID NOT PASS] <input type="checkbox"/>	
Remarks by the Examiner/s: 			
Examiner Name	Job Title or Designation	Examination Date	Signature