



Maritime Administration
Department

MARAD Form 10

APPLICATION FOR CERTIFICATE OF COMPETENCY Under the River Navigation Regulations

I, the undersigned, hereby apply for a Certificate of Competency in order to operate a vessel or boat in the below chosen River District, in accordance with the River Navigation Act as Amended 1998.

| APPLICATION TYPE | | OPERATOR CAPACITY | | | |
|--|----------------------------------|----------------------------------|---|--|----------------------|
| New <input type="checkbox"/> | Renewal <input type="checkbox"/> | Captain <input type="checkbox"/> | Steersman (Steers-woman) <input type="checkbox"/> | Bowman (Bow-woman) <input type="checkbox"/> | |
| RIVER DISTRICT | | | | | |
| Please state your preferred area/s of operation below. | | | | | |
| | | | | | |
| PERSONAL DETAILS | | | | | |
| Forenames | <input type="text"/> | | Surname | <input type="text"/> | |
| Sex: | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Date of Birth (DD/MM/YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> | |
| Height | <input type="text"/> | Colour of Eyes | <input type="text"/> | Place of Birth | <input type="text"/> |
| Distinguishing Marks | <input type="text"/> | | Passport/ National ID# | <input type="text"/> | |
| Period of Service Afloat | <input type="text"/> | | Citizenship | <input type="text"/> | |
| Address | | | Telephone/ Email | <input type="text"/> | |
| | | | Signature of Applicant | <input type="text"/> | |

Candidate Successful
[Passed]

Candidate Unsuccessful
[Did Not Pass]

Name, Title & Signature of Examiner/s:

Examiner 1.

Examiner 2.

Examiner 3.

Date of Examination (DD/MM/YYYY)

Time of Examination

Remarks of the Examiner/s

Name & Signature of
Chairman of Examination Board

Name & Signature of
Director of Maritime Safety | Harbour Master

Date this form completed (DD/MM/YYYY)