



Application for Assessment of Sea Service Eligibility

I hereby apply for an assessment of eligibility for a [] Temporary Permit to Serve [] Certificate of Competency [] Restricted Certificate of Competency as [] Coxswain Inshore [] Coxswain [] Master 5 [] Master 4 [] Master 3 [] MED3 [] MED1 [] Mate 4 [] Skipper 3 [] Skipper 2 [] Skipper 1 [] MED2 [] Engineer Class 3

For Temporary Permits to Serve/ Restricted Certificates of Competency please provide the following information:

Name of vessel
Area of Operation: _____ Period required: _____

- Note:
(1) It will take up to 10 working days to provide a response to your application;
(2) A fee of \$30 is applicable for each assessment and payment must be made when submitting this application. The payment method form details payment options;
(3) Proof of identification as detailed in Guidance Note no. 46/2000 is to be provided with this application;
(4) Completed forms should be forwarded in person or by mail to the Marine Safety Branch, Department of Planning and Infrastructure, GPO Box 2520, Darwin, NT 0801. 2nd Floor Energy House, 18 Cavenagh Street, Darwin. Phone: 8924 7100, Fax: 8924 7009, E: marinesafety@nt.gov.au.

PRIVACY STATEMENT

The Department of Planning and Infrastructure is collecting the information on this form to assess your eligibility for a marine qualification as required under the Northern Territory Marine Act.

This Department may give some or all of this information to State marine authorities, the Australian Marine Safety Authority or other government bodies as required by legislation.

Failure to provide the information in full or in part may mean that you will not be issued with a marine qualification.

The personal information provided in this form is able to be accessed. If you have any queries, please contact the Marine Safety Branch.

PERSONAL PARTICULARS (use block letters)

SURNAME..... GIVEN NAMES:Male/Female
DATE OF BIRTH: PLACE OF BIRTH: (town/city) (COUNTRY)
PERMANENT ADDRESS:
POSTAL ADDRESS:
TELEPHONE NO.(S): BUSINESS HOURS: AFTER HOURS:
COLOUR OF EYES: COLOUR OF HAIR: COMPLEXION: HEIGHT:
PERSONAL MARKS:
NAME & ADDRESS OF NEXT OF KIN:
DETAILS OF ANY MARINE RELATED SUSPENSION, DISCIPLINARY OFFENCES, PROMOTION, REVERSION OR DISRATING:

SURNAME GIVEN NAMES:

DATE OF BIRTH:/...../.....

STATEMENT OF SERVICE

NAME OR TYPE OF VESSEL	LENGTH (METRES)	HP/ KW	TYPE OF SERVICE (EG. FISHING, TRADING, PLEASURE ETC)	AREA OF OPERATION (EG. DARWIN HARBOUR, INLAND WATERS, ETC)	DUTIES eg Master, Engineer, Deckhand	DATE & NUMBER OF DAYS AT SEA		
						FROM	TO	DAYS

*INSERT ACTUAL NUMBER OF DAYS SPENT AT SEA IN THE DAYS COLUMN

- Record of Service (ROS) book attached. (ROS Book will be stamped with relevant assessment)
- Record of Practical Experience and Sea Service (ROPES) book attached.

Please provide originals or certified true copies of any marine certificates held, courses attended and trade qualifications that will support your application. Letters from owners and statutory declarations may be necessary for supporting evidence of sea-service.

Please Note: Sea service assessments are only valid for 2 years. If your marine qualification is not issued within the 2 year validity period you will be required to apply for re-assessment of your eligibility for issue of the qualification.

Please indicate if you want the assessment to be Held for collection or Sent to your postal address

SIGNATURE OF APPLICANT: DATE:.....

OFFICE USE ONLY - FEES			
TRANSACTION	AMOUNT	RECEIPT NO.	DATE PAID

CERTIFICATE/PERMIT TO BE: Held for collection or Sent to postal address
 Date actioned:..... CSO initials