

# L' UNION DES COMORES UNION OF COMOROS

Unity – Solidarity – Development

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**Administration Maritime**

**Maritime Administration**

**APPLICATION FOR ENDORSEMENT UNDER STCW'95**  
(RECOGNITION OF AN APPROPRIATE STCW'95 CERTIFICATE)

THIS SPACE FOR OFFICIAL USE ONLY	
FILE No./CERT. No.	
DATE	

DETAILS OF OFFICER		
LAST NAME / FAMILY NAME	FIRST NAME / GIVEN NAME	MIDDLE NAME
DATE OF BIRTH	CITIZENSHIP	MAILING ADDRESS
DAY   MONTH   YEAR		
DETAILS OF OFFICER'S APPROPRIATE STCW '95 CERTIFICATE		
COUNTRY ISSUED	GRADE	
NUMBER	LAST REVALIDATION DATE	
DETAILS OF SHIP WHICH THE OFFICER IS INTENDED TO SERVE or SERVING		
NAME OF SHIP	CALL SIGN	RANK
SHIP'S OPERATORS		
DOCUMENTS MUST BE SUBMITTED WITH THIS APPLICATION FORM		
<ol style="list-style-type: none"> <li>1. ORIGINAL OR TRUE CERTIFIED COPY OF VALID STCW '95 APPROPRIATE CERTIFICATE OF OFFICER ISSUED BY A "WHITE LIST" ADMINISTRATION</li> <li>2. OFFICER'S MEDICAL FITNESS CERTIFICATE ISSUED THE LAST 12 MONTHS THE MAXIMUM</li> <li>3. FOUR (4) COLOUR PHOTOGRAPHS OF PASSPORT SIZE</li> <li>4. SAMPLE OF OFFICER'S SIGNATURE IN CASE THIS APPLICATION FORM IS NOT SIGNED BY HIM IN PERSON</li> <li>5. COPY OF OFFICER'S VALID NATIONAL PASSPORT</li> </ol> <p><b>NOTES:</b></p> <ol style="list-style-type: none"> <li>a) Copies of above documents must be submitted together with this application form and all have to be notarized.</li> <li>b) In case a document is not in English language its official translation into English must be submitted also.</li> <li>c) All above requested information must be in English language and print this form legibly by capital letters or use a typewriter.</li> </ol>		
Applicant's Name: _____ Date : _____                      Applicant's Signature: _____		