

조선민주주의인민공화국 국가해사감독국

Maritime Administration, DPR Korea

Add: POBox 416, Pyongyang, DPR Korea Tel: (850) 2 18111 Ext.8059, Fax: (850) 2 3814410, E-mail: mab@silibank.net.kp, www.ma.gov.kp Photograph

APPLICATION FOR SEAFARERS DOCUMENTS

{STCW Certificate of Endorsement (CoE), and Certificate of Competency (CoC) attesting the recognition of another Administration's Certificate and/or Continuous Discharge Certificate (CDC) incorporating Seafarers Identification and Sea Service Record}

PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING AND READ EXPLANATORY NOTES ON PAGE

| TYPE OF APPLICATION (please tick) | Joint Application CDC & Certificate of Endorsement | Continuous Discharge Certificate | Certificate of Endorsement | GMDSS | |
|-----------------------------------|--|-------------------------------------|-------------------------------|-------|--|
| Organisation: | Ship Security Officer | Tanker | Renewal/ Replacement | Other | |
| PART A - TO BE COMPLETED BY | / ALL SEAFADEDS | | | | |

| PART A – TO BE COMPLETED BY ALL SEAFARERS | | | | | | | | |
|---|-----------------|---------------|---|-----------------------------------|--|--------------|---------------------|---------------------------------|
| | | | PI | ERSONAL DETAI | LS OF SEAFARER | | | |
| 1) Surname: | | | | 2) Given name(s): | | | | |
| | | | | | | | | |
| Home Address of Seafarer: | | | | | made through the Dept. of Ma e for passing onto the seafare | | e office of a Ma | ritime Registrar or other party |
| 3) Address Line 1 | | | | | | | | |
| 4) Address Line 2 | | | | | | | | |
| 5) Town/City | | | | | | 6) Post | Zip Code | |
| 7) County/State | | | | | | 8) Cour | try | |
| 9) Tel: | | | 10) Fa | ax: | | 11) Email: | | |
| | | | | | | | | |
| 12) Passport No: (see No | otes on pg 3) | 13) Seafare | rs No: | (renew/replace) | 14) Date of birth (dd/mm/yy): | | 15) Place of birth: | |
| | | | | | | | | |
| 16) Nationality: | | 17) Height c | ms | ns Weight kg: 18) Colour of hair: | | 19) Colour o | | of eyes |
| | | | | | | | | |
| 20) Medical Certificate Issue Date: 21) Medical Certificate B | | | edical Certificate Exp | xpiry Date: 22) Sex (M/F): | | F): | | |
| | | | | | | | | |
| 23) Distinguishing marks (if any): | | | | | | | | |
| DET | TAILS OF NE | XT OF KIN | OR P | ERSON WHO CAI | N BE CONTACTED IN | CASE OF | AN EMERG | ENCY |
| 24) Name (Family name, Given name): | | | 25) Relationship (e.g. Mother, Wife, Friend): | | | | | |
| | | | | | | | | |
| 26) Address (If same as | seafarer, state | e "same as ab | ove"): | | | | | |
| 27) Address | | | | | | | | |
| 28) Town/City | | | | | 29) County/State | | | |
| 30) Post/Zip Code | | | | | 31) Country | | | |
| 32) Tel: | | | 33) Fa | ax: | | 34) Email: | | |

| PAI | RT B – TO BE C | OMPL | ETED BY APPLIC | ANTS REQU | IRING A CE | RTIFICA | TE OF ENDORSEMEN | IT& CERTIFICATE OF COMP | ETENCY |
|---|--|-------------------------------|---------------------|--|--|----------------------------------|---|---|--------------|
| | | | DESCRIPT | TON OF HIG | HEST GRA | ADE OF | CERTIFICATE NOW I | HELD | |
| 35) Capacity: | | | 36) Dat | e of Issue: (dd/mm/yy) | 37) Date of Expiry: (dd/m | nm/yy) | | | |
| | | | | | | | | | |
| 38) Cert | ificate No: | | | 39) Name of | Issuing Auth | ority (Fla | State) : | ' | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | 40) ADDITIO | ONAL ENDO | RSEMENT | REQUE | STED (if required, tick | (box) | |
| GOC (G | GMDSS) | | Chemical Tanker | | Gas Carrie | er | Oil Tanker | Ship Security Officer | |
| Other | | | | | | | | ' | |
| 41) Date | e of Issue of curre | nt end | orsement: | | | 42) Dat | e of Expiry of current endo | orsement: | |
| | | | | | | | | | |
| 43) End | orsement No: | | | | | 44) Nar | ne of Issuing Authority (Fla | ag State): | |
| | | | | | | | | | |
| | | | | | | | | | |
| followi * Applica | ng certificate/s ant's proficiency as | must l | be included with th | sapplication Safety, Me | n evidencin dical Care a by one certific | g the ap and Survate coveri | plicant's proficiency in ival Functions. ng all functions, or by certific | tion A-VI/1 of the STCW code the following Emergency, Oc cates showing each function separa | ccupational |
| r 1 | Domitor VIII | 4 0- | | -1 | | | , | petence in personal safety and s | social |
| [] Regulation VI/1-1 Competence in personal survival techniques | | | [] | responsibilities | ional for Ship Socurity Officers * | * | | | |
| Regulation VI/1-2 Competence in fire prevention and fire fighting Regulation VI/1-3 Competence in elementary first aid | | | [] | Regulation VI/5 - FTOIICI | iency for Ship Security Officers * | | | | |
| | Trogulation vi/ i | | mpotorioo in olomon | tary mot aid | | | | | |
| | | | 46 | REASON F | OR REPLA | ACEMEN | IT OR RENEWAL | | |
| [] | Document is no | w expi | red or no more room | for entries | | [] | Document has been los loss below) | et or damaged (please explain circur | mstances of |
| [] Requires amending (state amendment below) | | | [] | Other (please explain in the | e box below) | | | | |
| I hereby Certifica myself | RT C - DECLA y declare that the ate of Endorseme with Maritime Ad | inform ent isso ministr | ued under STCW Co | nis application onvention, Re available on | is true and c gulation II/2, the website | orrect an III/3 OR www.ma. | - d I apply for the Seafarers III/4 or issued under VII/ | s documents requested. If I am a 1 at Management Level, I have if I submit fraudulent documen | familiarised |
| | | | | | | | | | |
| ū | re of Seafarer keep vour sign | nature | within the box and | d sian withou | t | | Date of Applic | cation | |
| | ng any of the bo | | | a sigir withou | • | | | | |

PART D - SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION

| SUP | PORTING DOCUMENTS REQUIRED (all applications): | Attached (please tick) | For Official use |
|-------|--|---------------------------|---------------------|
| 1 | Copy of passport – showing personal details of Applicant as per those entered on this Application Form | | |
| 2 | 2 x Passport size photos - with applicants name printed on the reverse | | |
| 3 | Valid Medical Fitness Certificate (the medical examination must be carried out no more than 18 months before this application) | | |
| 4 | CDC Only: Copies of training certificates (as outlined in 45), above) | | |
| 5 | Payment or Proof of payment of Fees | | |
| 6 | Any other documentation, DPR Korea may deem necessary for this application (if requested) | | |
| In ad | dition - for Continuous Discharge Certificate (CDC) | | |
| 7 | Current CDC (if requesting renewal/replacement) | | |
| In ad | dition - for Certificate of Endorsement (CoE) | | |
| 8 | Copy of current Certificate of Competency (COC) from the home country of the applicant or a country listed in the "White List" of the IMO. | | |
| 9 | Copy of current additional Endorsement (GMDSS, Tanker, Ship Security Officer etc) (if applying for this) | | |
| 10 | Proof of Sea Service – copy of sea service certificates or pages from seaman's book showing personal details and ranks served | | |
| 11 | Current CoE (if applying for extension) | | |

EXPLANATORY NOTES FOR APPLICANTS:

- All information must be printed in CAPITAL LETTERS in black ink or by typing.
- Failure to complete the Application Form fully or submit the required documentation may result in rejection or delays in 2)
- Applicants must sign in the box shown, keeping their signature within the box lines.

 Item (12) Passport This must be a National Passport. If a National Identity Card or Seaman's Passport is submitted, this must 4) be recognised by the issuing authority as a travel document i.e. can be used in lieu of a National Passport.
- Applicants may initially submit their application by scanning the Application Form and supporting documents and submitting by email to mab@silibank.net.kp. The original can be forwarded by mail/courier.

 All supporting documents submitted must be clear copies and legible. If supporting documents are not clear and legible then the
- 6) application will be returned.
- For an up to date status on the IMO "Whitelist" see www.imo.org
- Endorsements issued by DPR Korea will have the same expiry date as the Certificate whose recognition they attest, up to a 8) maximum of 5 years.
- Applicants for Endorsements, must be in possession of, or have applied for, a DPR Korea CDC.
- 10) Application Fees will **NOT** be returned if incorrect information or documentation is submitted or verification cannot be obtained.
- For more information see the website www.ma.gov.kp / www.mti.edu.pk
- 12) CDC only applications MUST have basic training certificate/s attached.

On-board Seatime Records

| Name of Ship | Type of Ship | GT | ВНР | Rank | From | То | Months/ Days |
|----------------|--------------|----|------|------|--------|----|-----------------|
| Traine of Sinp | Type of Ship | O1 | DIII | Rank | 110111 | 10 | Days |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| Minimum Seatime Required | Actual Seatime |
|--------------------------|----------------|
|--------------------------|----------------|

Applicant Declaration

- a. I hereby Declare all Particulars in this form contains a true & correct account of Seagoing service without exception.
- b. The above declaration by candidate was signed in my presence.

| Authorized Officer |
|--------------------|
| rnate No |
| |
| |
| |

FOR FURTHER INFORMATION CONTACT



MARITIME TRAINING INSTITUTE, KARACH

"Mariners Fairway"
43, Timber Pond, Keamari Karachi. 75620
Tel: +92 21 32858050-53 Fax: +92 21 32858054
Email: ajmal@mintship.com Website: www.mti.edu.pk