



SAMOA INTERNATIONAL MARITIME AUTHORITY

APPLICATION FORM FOR CERTIFICATE OF COMPETENCE

LAST NAME (Family Name)	NAME (Given Name)	MIDDLE NAME	DATE OF BIRTH		
			Day	Month	Year

PLACE OF BIRTH (City & Country)	NATIONALITY	PHYSICAL LIMITATIONS IF ANY
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PASSPORT NO. :	EXPIRATION DATE :	SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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PERMANENT ADDRESS OF APPLICANT (street, city and country)	ADDRESS TO WHICH CERTIFICATE SHOULD BE FORWARDED.
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DETAILS OF CERTIFICATE OF COMPETENCE REQUESTED

FUNCTION	LEVEL	LIMITATION IF ANY

CAPACITY	LIMITATIONS APPLYING (if any)

IF YOU REQUIRE ADDITIONAL CERTIFICATION, PLEASE CHECK THE APPROPRIATE BOX

<input type="checkbox"/>	MARINE TECHNICIAN BOOK	<input type="checkbox"/>	SEAMAN'S BOOK
<input type="checkbox"/>	SHIP SECURITY OFFICER CERTIFICATE	<input type="checkbox"/>	ENDORSEMENT FOR SPECIALIZED TRAINING
<input type="checkbox"/>	CERTIFICATE FOR SPECIALIZED TRAINING FOR CERTAIN SHIPS	<input type="checkbox"/>	

AFFIDAVIT OF APPLICANT

I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended and I acknowledge receipt of the maritime legislation of Samoa relevant to my function onboard and confirm that I have read, understood and undertake to comply with same at all times.

NAME AND SIGNATURE OF APPLICANT

DESIGNATED OFFICE

DATE OF APPLICATION