

The Commonwealth of Dominica
Office of the Maritime Administrator



CDMP-5000R
Application Package for
Original Rating Certificate of Proficiency

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THE COMMONWEALTH OF DOMINICA

Office of the Maritime Administrator

APPLICATION FOR ORIGINAL DOMINICA RATING'S STCW CERTIFICATE OF PROFICIENCY, DOMINICA MARITIME LICENSE, AND SEAFARER'S ID BOOK

MAKE SURE ALL BOXES ARE COMPLETED. TYPE OR PRINT CLEARLY.

PART I. PERSONAL DESCRIPTION AND INFORMATION:				
1. Last Name (Family Name)	First Name (Given Name)	Middle Initial	2. Date of Birth (dd mm yyyy)	3. Place of Birth (City and Country)
4. Permanent address (street, city and country)		5. Address to which certificate is to be mailed (street, city and country)		
Telephone _____ Email _____		Telephone _____		
6. Name and relationship of person to be notified in emergency		7. Citizenship	7a. Passport Number	
Telephone _____ Email _____		8. Height	9. Weight	10. Color of Hair
11. Color of eyes	12. Distinguishing Marks		13. Sex	
		<input type="checkbox"/> Male <input type="checkbox"/> Female		

PART II. REQUESTED LICENSE/CERTIFICATES:

Mark all that apply below, by placing an "X" in the proper box. All applicants are required to have a Dominica SID.

ORIGINAL - I am applying for: <input type="checkbox"/> Certificate of Proficiency AND Seafarer's Identification & Discharge Book	RENEWAL/UPGRADE: I am applying for: <input type="checkbox"/> Renewal or Upgrade of Certificate of Proficiency and Seafarer's Identification & Discharge Book
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Please choose grade/level of certificate desired:

Deck		Engineering	
<input type="checkbox"/> II/4 - Navigation Watch Rating	<input type="checkbox"/> II/5 - Able Seafarer Deck	<input type="checkbox"/> III/4 - Engineering Watch Rating	<input type="checkbox"/> III/7 - Electro-Technical Rating
<input type="checkbox"/> VI/1-4 - Ordinary Seaman	<input type="checkbox"/> III/5 - Able Seafarer Engine	<input type="checkbox"/> III/6 - Electro-Technical Officer	<input type="checkbox"/> Rating - OTHER, please specify

Note Limitations here: Not for Service on Tankers Motor Other (please specify)

Special Training Certificate of Proficiency	Original	Replacement
I am applying for a Certificate of Proficiency for Training required to serve in certain functions onboard ships: Choose from the below choices: <input type="checkbox"/> V/1-1.2 - Oil Tanker Personnel Basic Training <input type="checkbox"/> V/1-2.2 - Liquefied Gas Tanker Personnel Basic Training <input type="checkbox"/> V/2 - Personnel on Passenger Vessels <input type="checkbox"/> VI/6 - Security Awareness Training/Security Training	<input type="checkbox"/>	<input type="checkbox"/>

Examination
I hereby apply for examination for a Dominica license. Desired Testing Area:
Training Record Book
I hereby apply for a Training Record Book for upgrade to capacity:

Applicant Name: _____

Name of vessel on which now serving (or will join): _____

PART III. DESCRIPTION OF HIGHEST GRADE DOMINICA AND FOREIGN CERTIFICATE OF COMPETENCE NOW HELD, IF ANY:

	Grade of Certificate of Competence	Certificate #	Date Issued	Date Expires	Country of Issue
Dominica					Dominica
Foreign					

PART IV. SEA SERVICE

Submit proof of at least the minimum service required (See Attachment A to this application for specific rating requirements) during the last five years or more to establish eligibility for the Certificate of Proficiency requested. This proof may include copies of your discharge book sea service pages (ensure your Seafarer Book ID# is visible on each page) and/or sea service letters provided by your employer. At minimum, this proof shall include:

1. Propulsion (Steam or Motor)
2. Name of Vessel
3. Deck ratings list Gross Tons/ Engineering ratings list kW Propulsion Power
4. Flag
5. Name of Managing Operator
6. Capacity in which served
7. Period of Service

Copies of the following identity documents (with name and numbers visible) indicated below are being submitted with this application. Originals are required at time of testing:

- Seafarer's Book or Card Passport Commonwealth of Dominica Certificate of Proficiency

PART V. AFFIDAVIT OF APPLICANT

APPLICATION CANNOT BE ISSUED UNLESS APPLICANT SIGNS BELOW

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; or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made part of this application.

Date of Application

Signature of Applicant

PART VI. IDENTIFICATION INFORMATION

MARINER APPLICANT FULL NAME : _____ DATE OF BIRTH: _____

PASSPORT# _____

Signature: Please use the space below to sign your name clearly, without touching any of the box lines. This signature will be transferred to your Seafarer's ID book.

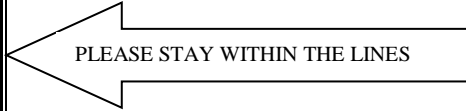
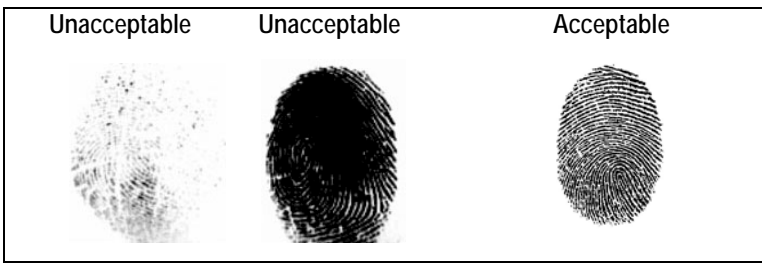


PHOTO
- ORIGINAL COLOR PHOTO
- CLEAR RESOLUTION

Thumbprint: Please use the spaces below for 2 copies each of your left and right thumbprint. Using a traditional blue or black inkpad, roll your thumb from the outer edge over to the right edge in the inkpad and then in the space below, roll from left to right onto the paper to create a clear imprint (repeat the process of inking and transferring for each imprint). We are asking for multiple imprints, so we may select the clearest one for imprinting on your Seafarer's ID book.

LEFT THUMB		RIGHT THUMB	
Thumbprint 1	Thumbprint 2	Thumbprint 1	Thumbprint 2

EXAMPLES



PART VII GENERAL INFORMATION AND INSTRUCTIONS

1. **READ INSTRUCTIONS CAREFULLY.** Enter all required information. Please use computer or print legibly. Failure to properly complete this application or to submit required supporting proofs, etc. will result in rejection of the application or delay its approval. **PLEASE DO NOT STAPLE THE APPLICATION OR ITS ATTACHMENTS.**
2. **WHERE TO APPLY.** Applications must be submitted, by mail or in person, to: **Dominica Maritime Registry, Inc., 32 Washington Street, Fairhaven, Massachusetts 02719 USA**
3. **GENERAL INFORMATION**
 - (a) This application is subject to the approval of the Maritime Administrator, Commonwealth of Dominica. In the event approval is not granted, all application documents together with the issuance fee (less shipping costs) shall be returned to the applicant at the mailing address indicated. If the application is approved, the issued certificate/identification book will be sent to the mailing address indicated. The 'certified copy' of Form CDMP-5000 is to be retained by the seafarer as evidence that the application is being processed.
 - (b) **Seafarer's ID and Discharge Book (SIB):** This identification document conforms to the requirements of the International Labor Organization (ILO) Convention No. 185 (Seafarer's Identity Documents Convention, 2003). It is issued to seafarers of Commonwealth of Dominica flag vessels for use when traveling to or from an assigned vessel or pursuant to instructions from the master of such a vessel. Other uses of the book must be in conformity with Commonwealth of Dominica regulations. ILO 185 does not in any way restrict the right of a member nation from preventing any particular individual from entering or remaining in its territory.
 - (c) The SIB and Training Record Books are issued under the authority of Chapter 8 of the International Maritime Act 2000, as amended. The SIB and TRB remain the property of the Maritime Administrator and may be withdrawn at any time. It may not be altered in any way (other than for the purpose of recording sea time or to records completed assessments) nor be allowed to pass into the possession of an unauthorized person. If the TRB becomes filled with entries, requires alteration, becomes damaged, application for a replacement TRB should be made immediately. If the SIB, TRB or Certificate of Competence is stolen, lost, or accidentally destroyed, notification should be given immediately to office of the Maritime Administrator, and an application for a replacement SID/TRB may be made along with an Affidavit of Lost, Stolen or Destroyed Certificate or Document. (Form CDMP-5000 and CDMP-4007)
4. **AGE AND CITIZENSHIP REQUIREMENTS.** Please refer to Appendix A for age requirements for specific certificates and endorsements. Applicants may be of any nationality and need not be citizens or residents of the Commonwealth of Dominica.
5. **TRAINING REQUIREMENTS.** Applicants for a Dominica certificate or endorsement must meet the applicable training and sea-time requirements and submit copies of training certificates with their application. Appendix A lists these requirements by STCW regulation number and license, including training required for personnel on certain types of ships.
6. **SEA SERVICE REQUIREMENTS.** Applicants for Dominica original license and/or examinations must provide proof of the minimum amount of sea service/marine training required for the grade of certificate for which application is made (see Appendix A for sea service requirements for specific ratings). Applicants for an original, renewal or upgrade Certificate of Proficiency must show one (1) year's sea service in the last five (5) years.
7. **DOCUMENTS TO BE FILED WITH APPLICATION.** The following documents, letter and proofs must be submitted together with this application (See Appendix A for requirements by STCW Regulation)
 - (a) Two (2) color 2.0" x 2.0" (50 mm. x 50 mm.) photographs - facial front view of applicant, passport size, taken within one (1) year preceding application with applicant's signature and name printed on reverse side. Please do not staple.
 - (b) Physical Examination Report (in this package) - The physical examination must be carried out not more than 12 months prior to date of making application. Form CDMP-3033A.
 - (c) Identity Document - A copy of a valid passport along with a valid seaman's document or certificate of competence from another maritime nation. A copy of these documents must be submitted with the application. Applications for renewal must include a copy of the previously issued documents as proof of identity. Documents shall be provided in English.
8. **FEES.** Our complete fee schedule is available in Policy Letter 01-14 and is available on our website www.dominica-registry.com. Payment must be made by check, credit card, wire or money order drawn on a U.S. Bank and payable in U.S. dollars to "Dominica Maritime Registry, Inc."



COMMONWEALTH OF DOMINICA PHYSICAL EXAMINATION REPORT

Part I PERSONAL INFORMATION (This section to be completed by applicant)

Last Name	First Name	Middle Initial
Date of birth	Place of Birth City Country	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing address of applicant	Department: <input type="checkbox"/> Deck officer <input type="checkbox"/> Engine officer <input type="checkbox"/> Deck rating <input type="checkbox"/> Engine rating <input type="checkbox"/> Radio officer <input type="checkbox"/> Other <input type="checkbox"/> Food handling	
Passport number and country of issue:	Routine and emergency duties (if known):	
Type of ship:	Trade area:	

Examinee's Personal Declaration:

(To be completed by the seafarer with the help of medical staff, if requested)

Have you ever had any of the following conditions?:

Condition	YES	NO
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorder	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>
18. Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>

Condition	YES	NO
19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
30. Ear (hearing, tinnitus)/nose/throat problem	<input type="checkbox"/>	<input type="checkbox"/>
31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
32. Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "yes" to any of the above questions, please provide details:

Additional Questions		YES	NO
35.	Have you ever been signed off sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are you aware that you have any medical problems, diseases, or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Additional Questions		YES	NO
41.	Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please list the medications taken, and the purpose(s) and dosage(s):

Attestations

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (dd/mm/yyyy): _____

Witnessed by (signature): _____ Name: _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee: _____ Date (dd/mm/yyyy): _____

Witness by (signature): _____ Name: _____

Date and contact details for previous medical examination (if known): _____

Part II MEDICAL EXAMINATION (This section to be completed by physician)

Sight						
Use of glasses or contact lenses: YES <input type="checkbox"/> NO <input type="checkbox"/> (if yes, specify which type and for what purpose):						
Visual Acuity						
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant						
Near						
Visual Fields						
	Normal		Defective			
Right Eye			Left Eye			
Colour Vision						
<input type="checkbox"/> Not tested <input type="checkbox"/> Normal <input type="checkbox"/> Doubtful <input type="checkbox"/> Defective						
Hearing						
Pure tone and audiometry (threshold values in dB)						
	500 HZ		1000 HZ		2000 HZ	
Right Ear						
Left Ear						
Speech and Whisper Test (metres)						
	Normal		Whisper			
Right Ear			Left Ear			

Clinical Findings			
Height:	(cm)	Weight:	(kg)
Pulse rate:	/(min.)	Rhythm:	
Blood pressure Systolic:	(mmHg)	Diastolic:	(mm/Hg)
Urinalysis: Glucose:		Protein:	
		Blood:	

	Normal	Abnormal
Head	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>

	Normal	Abnormal
Skin	<input type="checkbox"/>	<input type="checkbox"/>
Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
Vascular (inc. pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Anus (not rectal exam)	<input type="checkbox"/>	<input type="checkbox"/>
G-U system	<input type="checkbox"/>	<input type="checkbox"/>
Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Neurological (full/brief)	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray

Not performed Performed on (dd/mm/yyyy): _____

Results: _____

Other Diagnostic Test(s) and Result(s):

Test: _____ Result: _____

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of Fitness for Service at Sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for duty Not fit for duty

	Deck Service	Engine Service	Catering Service	Other Service
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

With restrictions Without restrictions Visual aid required Visual aid not required

Describe restrictions (e.g., specific position, type of ship, trade area)

Physician's Signature and Stamp

Signature of medical practitioner: _____

Medical practitioner information (name, license number, address): _____

*PHYSICIAN'S STAMP
HERE*

MEDICAL REQUIREMENTS

All applicants for an officer certificate, Seafarer's Identification and Training Record Book or certification of special qualification shall be required to have a physical examination reported on this Medical Form completed by a certificated physician. The completed medical form must accompany the application for officer certificate, application for seafarer's identity document, or application for certification of special qualifications. This physical examination must be carried out not more than 12 months prior to the date of making application for an officer certificate, certification of special qualifications, or a seafarer's book. Such proof of examination must reestablish that the applicant is in satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary in fulfilling the requirements of the seafaring profession. In addition, the following minimum requirements shall apply:

- 1) All applicants must have hearing unimpaired for normal sounds and be capable of hearing a whispered voice in the better ear at 15 feet and in the poorer ear at 5 feet.
- 2) Deck officer applicants must have (either with or without corrective lenses) at least 20/20 vision in one eye and at least 20/40 in the other. If the applicant uses corrective lenses, he must have vision without corrective lenses of at least 20/160 in both eyes. Deck officer applicants must also have normal color perception and be capable of distinguishing the colors red, green, blue and yellow.
- 3) Engineer and radio officer applicants must have (whether with or without corrective lenses) at least 20/30 vision in one eye and at least 20/50 in the other. If the applicant wears glasses, he must have vision without glasses of at least 20/200 in both eyes. Engineer and radio officer applicants must also be able to perceive the colors red, yellow and green.
- 4) An applicant's blood pressure must fall within an average range, taking age into consideration.
- 5) Applicants afflicted with any of the following diseases or conditions may be disqualified:

a) Epilepsy;	s) Obesity, incapacitating function;	jj) Recurrent appendicitis;
b) Insanity;	t) Thyroid disease;	kk) Cholelithiasis, cholecystitis, cholangitis;
c) Senility;	u) Diseases of the blood or blood forming organs;	ll) Liver cirrhosis;
d) Psychosis;	v) Meniere's diseases;	mm) Pancreatitis, recurrent;
e) Psychoneurosis;	w) Post-concussion syndrome;	nn) Intestinal stoma;
f) Dementia;	x) Heart disease;	oo) Perianal pathology;
g) Personality disorder;	y) Hypertension;	pp) Renal failure;
h) Alcoholism;	z) Arterial disease;	qq) Urinary tract obstruction;
i) Tuberculosis;	aa) Cerebrovascular disease;	rr) Prostatism;
j) Acute venereal disease or neurosyphilis;	bb) Diseases of veins;	ss) Removal of one kidney;
k) AIDS;	cc) Bronchial asthma	tt) Renal transplantation;
l) The use of narcotics;	dd) Pulmonary fibrosis;	uu) Hydrocoele, large, symptomatic;
m) Hepatitis;	ee) Gross deformity of the chest wall;	vv) Osteoarthritis;
n) Malaria	ff) Pneumothorax;	ww) Recurrent dislocation of major joint;
o) Sexually transmitted diseases;	gg) Tumors;	xx) Infection or inflammatory ear conditions;
p) Adrenal insufficiency, uncontrolled;	hh) Peptic ulcers;	yy) Sleep disorders; and
q) Diabetes mellitus, all cases requiring insulin;	ii) History of gastro-intestinal bleeding/perforation;	zz) Severe speech impediment.
r) Immunosuppressive therapy;		
- 6) Deck/Navigational officer applicants and Radio officer applicants must have speech which is unimpaired for normal voice communication.
- 7) Applicants for RFPNW, Ordinary Seaman, Able Seafarer Deck, Cook, Deck Cadet or any deck rating position must meet the physical requirements for a deck/navigational officer's certificate.
- 8) Applicants for RFPEW, Able Seafarer Engine, Electro Technical Rating, Tankerman, Engine Cadet or any other engineering rating must meet the physical requirements for an engineer officer's certificate.

**ATTACHMENT A:
REQUIREMENTS FOR DOMINICA RATING CERTIFICATES & ENDORSEMENTS**



DECK RATINGS



REG: II/4 Rating Forming Part of a Navigational Watch

General Requirements

- Age – 16 years
 - o Submit copy of Passport
- Sea Service – 6 months or pre-sea training + 2 months sea-time
 - o Submit Sea Service Letters or copies of discharge papers
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

- Basic Safety Training
- Proficiency in survival craft
- RFPNW Course (II/4)
- Proficiency in fast rescue boats  
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)



  Proficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats



REG: II/5 Able Seafarer Deck

General Requirements

- Age – 18 years
 - o Submit copy of Passport
- Meet the requirements of Rating Forming Part of a Navigational Watch (RFPNW)
 - o 6 months or pre-sea training + 2 months sea-time
 - o RFPNW course completion
- Sea Service
 - o 18 months while qualified as RFPNW OR
 - o 12 months with approved training
 - o Submit Sea Service Letters or copies of discharge papers
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

- Basic Safety Training
- Proficiency in survival craft
- Able Seafarer Deck course
- Proficiency in fast rescue boats  
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

  Proficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats

REG: VI/1-4 Ordinary Seaman

General Requirements

- Age – 16 years
 - o Submit copy of Passport
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements (Submit copies of training certificates)

- Basic Safety Training
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

ENGINE RATINGS

REG: III/4 Rating forming part of an engineering watch

General Requirements

- Age – 16 years
 - o Submit copy of Passport
- Sea Service:
 - o 6 months sea service under supervision of officer or rating, OR
 - o Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- RFPEW Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

REG: III/5 Able seafarer engine in a manned engine-room

General Requirements

- Age – 18 years
 - o Submit copy of Passport
- Must meet requirements for RFPEW-
 - o 6 months sea service under supervision of officer or rating, OR
 - o Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Sea Service-
 - o 12 months served as RFPEW in the engine department OR
 - o 6 months service as RFPEW in the engine room with the completion of approved training
- Meet the standard of competence in Section A-III/5 of the STCW Code
 - o Submit completed Training Record Book for A-III/5
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- Able Seafarer Engine Training Course (if submitting with only 6 months of service as RFPEW)
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

REG: III/7 Electro-technical ratings

General Requirements

- Age – 18 years
 - o Submit copy of Passport
- Sea Service:
 - o 12 months training and approved sea service, OR
 - o Approved training and seagoing service not less than 6 months OR
 - o Qualifications that meet the technical competences in table A-III/7 and an approved period of sea service not less than 3 months.
 - o 1/3 of sea service shall be on vessels of 750 kW or more propulsion power.
- Dominica Application and Physical Exam
 - o Ensure application is complete
 - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

Training Requirements

- Basic Safety Training
- Electro-technical Rating Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

SPECIAL QUALIFICATIONS

REG: V/1-1.1 Officers and Ratings on Oil or Chemical Tankers with specific duties (Basic)

General Requirements

- Sea service: Have at least 3 months sea service on tankers, OR
- Complete an approved tanker familiarization course (A-V/1), OR
- Min. 1 mth supervised sea service on < 3,000 GT tanker with less than 72 hour voyage durations and knowledge gained equal to a normal 3 mth service

Training Requirements (Submit copies of training certificates)

- Tanker Familiarization DL course

REG: V/1-2.1 Officers and Ratings on Liquefied Gas Tankers with specific duties (Basic)

General Requirements

- Sea service: Have at least 3 months sea service on tankers, OR
- Complete an approved tanker familiarization course mting A-V/1, OR
- Min. 1 mth supervised sea service on < 3,000 GT tanker with less than 72 hour voyage durations and knowledge gained equal to that of a normal 3 mth service

Training Requirements (Submit copies of training certificates)

- Tanker Familiarization LG course

REG: V/2 Officers and Ratings and other personnel on Passenger Ships (Basic)

General Requirements

- Designated on muster lists to assist passengers with emergency situations must complete Crowd Management training spec. in A-V/2 par. 1 prior to being assigned duties
- Having specific duties on board, must complete vessel familiarization training specified in A-V/2 par. 2 prior to being assigned duties
- Providing direct services to passengers must complete training in communication and life-saving procedures specified in A-V/2 par. 3

Training Requirements (Submit copies of training certificates)

- Crowd Management Training
- Vessel Familiarization
- Communication
- Life-saving procedures