

**The Commonwealth of Dominica
Office of the Maritime Administrator**



**CDMP-5000E
Application Package for
Endorsement of Foreign Officer Certificate
of Competence**



THE COMMONWEALTH OF DOMINICA

Office of the Maritime Administrator

APPLICATION FOR DOMINICA ENDORSEMENT OF FOREIGN OFFICER'S STCW CERTIFICATE OF COMPETENCE 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.

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

Deck Officers				Engineering Officers			
Grade	< 500 GT	500<>3000	> 3000 GT	Grade	< 750kW	750 <> 3000 kW	> 3000 kW
Master	<input type="checkbox"/> II/3.5	<input type="checkbox"/> II/2.3	<input type="checkbox"/> II/2.1	Ch. Engineer	N/A	<input type="checkbox"/> III/3.1	<input type="checkbox"/> III/2.1
Chief Mate	N/A	<input type="checkbox"/> II/2.3	<input type="checkbox"/> II/2.1	2 nd Engineer	N/A	<input type="checkbox"/> III/3.1	<input type="checkbox"/> III/2.1
OICNW	<input type="checkbox"/> II/3.3	<input type="checkbox"/> II/1 (>500 GT)		OICEW	N/A	<input type="checkbox"/> III/1	<input type="checkbox"/> III/1
OICNW	<input type="checkbox"/> II/3.4 near coastal			Electro-Technical Officer	<input type="checkbox"/> III/6		

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

Special Training and Qualifications

I am applying to have the following special qualifications and/or endorsements included on my Certificate of Endorsement

Choose from the below choices:

- | | |
|--|--|
| <input type="checkbox"/> V/1-1.2 – Oil Tanker Personnel Advanced | <input type="checkbox"/> V/1-1.3 – Chemical Tanker Personnel Advanced |
| <input type="checkbox"/> V/1-2.3 – Liquefied Gas Tanker Personnel Advanced | <input type="checkbox"/> V/2 – Personnel on Passenger Vessels |
| <input type="checkbox"/> VI/4.2 – Medical Care Person in Charge | <input type="checkbox"/> VI/6 – Vessel Personnel with Designated Security Duties |
| <input type="checkbox"/> VI/4.1 – Medical Care Provider | <input type="checkbox"/> VI/5 – Ship Security Officer |
| <input type="checkbox"/> IV/5 - GMDSS Radio Officer | |

Applicant Name: _____

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

PART III. DESCRIPTION OF FOREIGN CERTIFICATE OF COMPETENCE NOW HELD:

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

PART IV. SEA SERVICE

Submit proof of at least the minimum service required (See Attachment A to this application for specific license requirements) during the last five years or more to establish eligibility for the Certificate of Competence 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 Officers list Gross Tons/ Engineers list kW Propulsion Power
4. Flag
5. Name of Managing Operator
6. Capacity in which served
7. Period of Service

PART V. APPLICANTS FOR RADIO OPERATORS CERTIFICATE MUST READ AND SIGN THIS OBLIGATION.

By affirming my signature below, I acknowledge that I am obliged to ensure and maintain the secrecy of all telecommunications of which I may gain knowledge in the course of my services, and that I am likewise obliged not to reveal the existence or contents of any correspondence to anyone other than the addressee. My signature further acknowledges that, if I should breach these obligations, my Certificate of Competence issued pursuant to this application may be suspended and/or revoked.

Signature _____

PART VI. APPLICANTS FOR STCW CERTIFICATE OF COMPETENCE/ENDORSEMENT AT THE MANAGEMENT LEVEL MUST SIGN THIS AFFIDAVIT/ACKNOWLEDGMENT.

These applicants include Master and Chief Mate applicants for the service on board ships of 500 gross tonnage or more, as well as Chief Engineer and Second Engineer applicants for service on board ships powered by main propulsion machinery of 750 kW propulsion power or more. I hereby understand that I will become familiar with the national maritime legislation of the Commonwealth of Dominica relevant to the functions to be performed by me for which I have applied to be certificated, and that those regulations are available on the Administration's website: www.dominica-registry.com.

Signature _____

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 Foreign Certificate of Competence and Endorsement

PART VII. 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 VIII. 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.

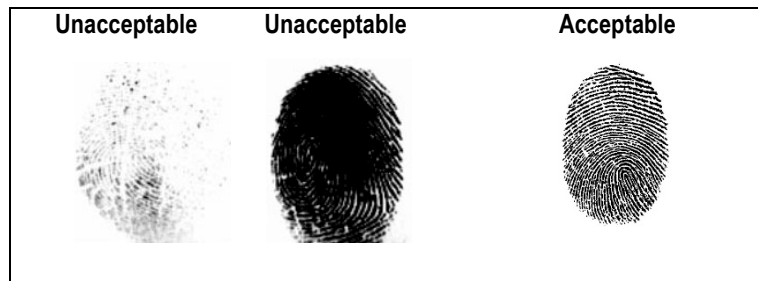


PHOTO
- ORIGINAL COLOR PHOTO
- CLEAR RESOLUTION

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 IX 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 licenses 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. **GLOBAL MARITIME DISTRESS AND SAFETY SYSTEM (GMDSS) CERTIFICATES.**
 - (a) **Restricted Operator** - Previous service not required. The candidate must pass the written examination for a certificate as GMDSS Restricted operator or present a foreign certificate in equivalent grade.
 - (b) **General Operator (STCW Reg. IV/2.2)** - Previous service not required. The candidate must complete an approved course for a certificate as GMDSS General Operator or present a foreign certificate in equivalent grade.
7. **SEA SERVICE REQUIREMENTS.** Applicants 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 licenses). Applicants for an original, renewal or upgrade Certificate of Competence must show one (1) year's sea service in the last five (5) years.
8. **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.
 - (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.
9. **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."