



Ministry of Economic Development, Transport & Trade
Male' Republic of Maldives

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APPLICATION FOR REVALIDATION OF THE CERTIFICATE
UNDER THE STCW CONVENTION AS AMENDED

Name of applicant			ID No:
Date of birth		Existing Certificate No:	CDC No:
Permanent address:	Contract address:		
Telephone No:	Telephone No:		

ENGINE DEPARTMENT

Present Category	Proposed Category
CATEGORY A <input type="checkbox"/> Less than 10000 kW Chief Engineer Less than 10000 kW Second Engineer Watch keeping Engineer Officer Unlimited	UNLIMITED CATEGORY <input type="checkbox"/> Chief Engineer Unlimited CATEGORY A <input type="checkbox"/> Less than 10000 kW Chief Engineer Less than 10000 kW Second Engineer Watch keeping Engineer Officer Unlimited
CATEGORY B <input type="checkbox"/> Less than 5000 kW Chief Engineer Less than 10000 kW Second Engineer Watch keeping Engineer Officer less than 10000 kW	CATEGORY B <input type="checkbox"/> Less than 5000 kW Chief Engineer Less than 10000 kW Second Engineer Watch keeping Engineer Officer less than 10000 kW
CATEGORY C <input type="checkbox"/> Less than 3000 kW Chief Engineer Less than 5000 kW Second Engineer Watch keeping Engineer Officer less than 10000 kW	CATEGORY C <input type="checkbox"/> Less than 3000 kW Chief Engineer Less than 5000 kW Second Engineer Watch keeping Engineer Officer less than 10000 kW
CATEGORY D <input type="checkbox"/> Less than 5000 kW Second Engineer Watch keeping Engineer Officer less than 10000 kW	CATEGORY D <input type="checkbox"/> Less than 5000 kW Second Engineer Watch Keeping Engineer Officer less than 10000 kW
CATEGORY E <input type="checkbox"/> Less than 3000 kW Second Engineer Watch keeping Engineer Officer less than 5000 kW	CATEGORY E <input type="checkbox"/> Less than 3000 kW Second Engineer Watch keeping Engineer Officer less than 5000 kW
CATEGORY F <input type="checkbox"/> Less than 3000 kW Watch keeping Engineer Officer	CATEGORY F <input type="checkbox"/> Less than 3000 kW Watch keeping Engineer Officer

The information given by me on this application is true and correct to the best of my knowledge.
 Originals and one copy of the following must be submitted.
 CDC, ID card, Existing Certificate, testimonial proof of service,
 medical certificate and all short course certificates.

FOR OFFICE USE		
REMARKS ON ELIGIBILITY	REMARKS OF EXAMINER	COMPETENT AUTHORITY
Signature:.....	Signature:.....	Signature:.....



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RECORD OF SEA SERVICE FOR ASSESSMENT OF ELIGIBILITY

Name of Applicant			ID No:
Date of birth		Existing Certificate No:	CDC No:

Please include your service after obtaining your existing certificate

#	Name of vessel	GT	BHP/kW	Rank	From	To	No.of. months
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						TOTAL	

The information given by me on this application is true and correct to the best of my knowledge.

.....
Applicant's Signature

Date:.....

FOR OFFICE USE	
SEA SERVICE APPROVED	
Signature:.....	Date:.....