MERCHANT SHIPPING SECRETARIAT
Ministry of Ports and Civil Aviation – Sri Lanka

APPLICATION FOR ESTABLISHMENT OF A POOL OF EXTERNAL RESOURCE PERSONS

PORT STATE CONTROL (PSC)

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1. Position Applied For (Please tick ✓ one)

☐ PSC Resource Person (Navigation)
☐ PSC Resource Person (Engineering)

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2. Personal Details

2.1 Full Name (as per NIC / Passport): .....
2.2 NIC / Passport Number: .....
2.3 Date of Birth: .....
2.4 Age as at 31 January 2026: .....
2.5 Nationality: .....
2.6 Permanent Address:
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.....
2.7 Contact Details:
Mobile: .....
WhatsApp: .....
2.8 Email Address: .....

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3. Mandatory Requirements

3.1 Please indicate compliance with the following requirements:

Requirement	**Applicable**
Minimum of twenty-four (24) months of relevant seagoing/professional experience with the qualification stated under Section 4	☐ Yes ☐ No

Requirement	Applicable
Physically and mentally fit to perform onboard inspection/survey duties	☐ Yes ☐ No

3.2 Full Membership of a Recognized Professional Body
Name of Professional Body: .....
Membership Number: .....

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4. Professional Qualifications (Please tick ✓ and provide details)

I. ☐ Master Mariner Certificate of Competency
STCW Regulation II/2 – Unlimited
Certificate No.: .....
Issuing Authority: .....
Expiry Date: .....

II. ☐ Chief Engineer Certificate of Competency
STCW Regulation III/2 – Unlimited
Certificate No.: .....
Issuing Authority: .....
Expiry Date: .....

III. ☐ Professional Qualification as a Naval Architect
Institution / University: .....

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5. Seagoing / Professional Experience

Rank / Position Vessel Type / Organization Period (From – To) Total Duration

Total Relevant Experience: ..... Months / Years

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6. Declaration

I hereby declare that:

- I possess a minimum of twenty-four (24) months of service experience with relevant professional qualifications.
- I am not engaged by any Classification Society or port service providing activities.

- I am physically and mentally fit to carry out inspection/audit activities onboard ships.
- The information furnished in this application is true, accurate, and complete to the best of my knowledge.
- I agree to attend interviews and relevant training programmes as required by the Merchant Shipping Secretariat and to accept assignments on a case-by-case basis.

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7. Applicant's Signature

Signature: .....
Full Name: .....
Date: .....

Checklist of Documents Attached (Please tick ✓)

☐ Certificate of Competency
☐ Seagoing Service Testimonials / Experience Letters
☐ Professional Membership Identity
☐ Copy of NIC / Passport
☐ Medical Fitness Certificate issued by a Medical Practitioner approved by the Director General of Merchant Shipping

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IMPORTANT: Incomplete applications will not be considered.