



Merchant Shipping Secretariat
Ministry of Ports & Shipping

MSS

Application for Revalidation of a Deck or Engineer Officer Certificate Of Competency
under STCW 78 as Amended

1	Full Name (IN BLOCK CAPITAL)

2	Postal Address

3	Contact Details
Telephone	
Mobile	
e-mail	

4	Details of National Identity Card
No:	Date of Issue:

5	Passport Details	
Passport Number	Date of Issue	Date of Expiry

6	CDC Details	
CDC Number	Date of Issue	Date of Expiry

7	Grade of certificate (Ex- Officer in charge of a navigational watch on ships of 500 GT and above)

8	Certificate of Competency No:	
Issued Date		
Expiry Date		

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9	Details of Revalidation Training/ Refresher & Updating Training			
Name of Institute				
Certificate No				
Date	From		To	

10	<p>Approved sea going service (shall be authenticated by the shipping Officer)</p> <p>Candidate shall have approved seagoing service, performing functions appropriate to the certificate held, for a period of at least;</p> <ul style="list-style-type: none"> • twelve months in total during the preceding 5 years, or • three months in total during the preceding six months immediately prior to revalidating; or • having completed approved seagoing service, performing functions appropriate to the certificate held, for a period of not less than three months in a supernumerary capacity, or in a lower officer rank than that for which the certificate held is valid immediately prior to taking up the rank for which it is valid
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Name of Vessel	Flag	IMO No	GT	Period		Duration	
				From	To	MM	DD
Total							

Sea Service has to be certified by Shipping Officer

(Signature SO)

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11	Medical Certificate by an approved medical practitioner			
Name of Doctor				
Certificate No				
Validity	From		To	

12	GMDSS Certificate Details			
Certificate Issued By				
Endorsement Issued by				
Validity	From		To	

13	Attach following photocopies (✓) as appropriate		
a	Revalidation Training certificate		
b	Medical Certificate		
c	Relevant copies of CDC pages (12 Months sea service, Revalidation)		
d	GMDSS certificate & Endorsement		
e	Short courses comply with STCW 2010		
f	Advanced Courses comply with STCW 2010		
g	SSO		
h	ECDIS		

I certify that the information I have given is true and complete to the best of my knowledge & that the documents submitted are genuine.

I enclose a processing fee of

Receipt no & date

.....
Date

.....
Signature of the Applicant

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Official Use Only

	Checked(✓)+ initial	Responsibility
COC details are correct		MA/DO
GMDSS cert. details are correct		
Sea time has been authenticated by shipping officer or Fax or other documentary proof has been received		Shipping officer
Required sea time criterion has been fulfilled		Examiner
Revalidation Training/ Refresher & Updating Training done in correct category and authenticity verified		Examiner
Medical Certificate original check & verified		MA/DO
Fees paid as per fees regulation		MA/DO

Examiner's Recommendation

Revalidation of Certificate/ Endorsement is:

RECOMMENDED / NOT RECOMMENDED

Certificate/Endorsement revalidated up to

Date
Examiner

Name and Signature of

Web site has been updated	YES/ NO	Date	Responsibility/ DO
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