



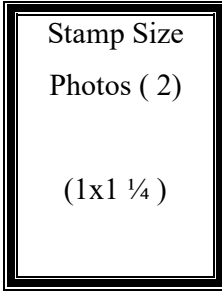
**Merchant Shipping Secretariat  
Ministry of Ports & Shipping**

**MSS**

Examination Serial Number .....

**Application for the Issue of Certificate of Proficiency (renewal) for Able Seafarer Deck/  
Engine**

APPLICATION APPROVED / NOT APPROVED



.....  
EXAMINER (N) / (E)

1. Name In Full:- .....
2. Address:- .....
3. Date Of Birth:- .....
4. Telephone No :-.....
5. CDC No:- ..... Date of Issue - .....Date of Expiry:-.....
6. Passport No:- ..... Date Of Issue :- .....
7. Certificates held if any (previous STCW certificate No):- .....

(a) Original Able seafarer Deck/ Engine COP attached : **YES/ NO**

8. Details of sea service within last 5 years

Name of the ship	Date of Engagement	Date of Discharge	Period in Months	Rank
I. ....	.....	.....	.....	.....
II. ....	.....	.....	.....	.....
III. ....	.....	.....	.....	.....
IV. ....	.....	.....	.....	.....
V. ....	.....	.....	.....	.....

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