

Date of application:      *Please upload picture here*

Name of manning agent:

General:

|  |  |  |  |
| --- | --- | --- | --- |
| Last name: |       | First name: |       |
| Date of birth: |       | Place of birth: |       |
| Address: |       | City: |       |
| Country: |       | Nationality: |       |
| Telephone: |       | Mobile: |       |
| E-mail: |       | Skype ID: |       |
| Position applying for: |       |
| Available from: |       |

Sea history:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vessel name | Vessel type | Flag | Rank | DWT | Maker, model, BHP/KW | From (dd/mm/yyyy) | Until(dd/mm/yyyy) | Y/M/D | Company |
|       |       |       |       |       |       |       |       |       |       |
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Documents:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Document name: | Country: | Number: |  Place of issue: | Date of issue: | Expiry date: |
| Passport: |       |       |       |       |       |
| Seamans book: |       |       |       |       |       |
| Others: |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

National license / endorsement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country: | Number: | Place of issue: | Date of issue: | Expiry date: |
|       |       |       |       |       |
| Highest rank on endorsement: |       |
| Valid for chemical tankers: | Yes / No |
| Valid for oil tankers: | Yes / No |

Other Flag State licenses:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Country: | Number: | Place of issue: | Date of issue: | Expiry date: |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |

Medical examination:

|  |  |  |
| --- | --- | --- |
| Country: | Date of issue: | Expiry date: |
|       |       |       |

Vaccination Yellow Fever:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
|       |       |

Maritime education:

|  |  |  |  |
| --- | --- | --- | --- |
| Grade: | School: | Country: | Date (from – to): |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

Others:

|  |  |
| --- | --- |
| Weight: |       |
| Height: |       |
| Marital Status: |       |
| Religion: |       |
| Nearest international airport |       |
| Nearest domestic airport |       |

Certifcates:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
| Basic safety training, or:  |       |       |
|  Personal survival techniques |       |       |
|  Fire prevention and fire fighting |       |       |
|  Elementry First Aid |       |       |
|  Personal Safety / Social Responsibility |       |       |
| Proficiency in survival craft / PSCRB |       |       |
| Advanced fire fighting |       |       |
| GMDSS |       |       |
| Medical care on board |       |       |
| Medical First aid |       |       |
| Radar navigator / ARPA |       |       |
| Shiphandling (IMO model course 1.22) |       |       |
| Bridge team and resource management |       |       |
| Engine room resource management |       |       |
| Ship Security Officer |       |       |
| Designated Security Duties |       |       |
| ECDIS (generic – IMO model course 1.27, 40 hrs.) |       |       |
| ECDIS JRC type specific training |       |       |
| Tanker familiarization  |       |       |
| Chemical tanker familiarization |       |       |
| Oil tanker familiarization |       |       |
| Advanced chemical training |       |       |
| Advanced oil training |       |       |
| Ship Safety Officer |       |       |
| Ships Cook training certificate |       |       |
| Steward/Messman certificate |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

Visa:

|  |  |
| --- | --- |
| Date of issue: | Expiry date: |
| US Visa (C1/D) |       |       |
| Schengen visa |       |       |

|  |  |
| --- | --- |
| Next of kin:      | Relationship:      |
| Telephone:      | Date of birth:      |
| Address:      |

No. of dependents

|  |  |  |
| --- | --- | --- |
| Relationship:       | Name:      | Date of birth:      |
| Relationship:       | Name:      | Date of birth:      |
| Relationship:       | Name:      | Date of birth:      |
| Relationship:       | Name:      | Date of birth:      |