



APPLICATION FORM FOR CONTINUOUS DISCHARGE CERTIFICATE (CDC)

A. NATURE OF APPLICATION

Tick as appropriate (√)	<input type="checkbox"/> New	<input type="checkbox"/> Revalidation	<input type="checkbox"/> Replacement
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*All particulars to be in **CAPITAL LETTERS**

B. PERSONAL DETAILS

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First Name Middle Name Last Name

Nationality: Date of Birth: /..... /..... Place of Birth:

Physical Address: Phone: Email:

Color of Hair: Color of Eyes: Complexion:

Height (cm): Weight (kg):

Distinguishing Mark (if any):

NEXT OF KIN ADDRESS

Name: Relationship: Phone:

C. FILL NUMBER AND ATTACH COPIES OF THE FOLLOWING CERTIFICATES:

Elementary First Aid: No

Fire Prevention and Fire Fighting: No

Personal Survival Techniques: No

Personal Safety and Social Responsibilities: No

Security Awareness Training: No

Passport/Birth Cert/SID: No

Medical Fitness Certificate: **Valid Until**

C.DECLARATION BY THE CANDIDATE

I hereby declare that the information filled in this form is true and correct and TASAC is not liable with the accuracy of the information filled above.

Date/ /

Signature

D.FOR OFFICIAL USE

1. VERIFICATION OFFICER

REMARKS:

.....

...../...../.....

Name

Signature

Date

2. PAYMENT DETAILS-CASHIER RECEIVE

Fee payable TZS/USD Receipt No.

Date:/...../..... Signature of receiving officer

E. RECOMMENDATION BY MANAGER SEAFARERS TRAINING AND CERTIFICATION

This application is Recommended Not recommended

Remarks:

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.....

...../...../.....

Name

Signature

Date

F. APPROVAL BY REGISTRAR

This application is Approved Not approved

Remarks:

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.....

..... / /
Name Signature Date

Attachments:

1. New application:

- For New application attach copy of the following: Certificate of proficiency, Certificate of Secondary Education, Medical Fitness, Proof of identity (Passport or CDC, SID, National ID, Birth Certificate).

2. Application for revalidation

- For Revalidation attach copy of the following: Certificate of proficiency, Medical Fitness, Proof of identity (Passport, CDC, SID or Birth Certificate) and previous original CDC.

3. Application for replacement

- For Replacement attach copy of the following: Application letter, Police Loss Report, Certificate of proficiency, Medical Fitness, Proof of identity (Passport, CDC, SID or Birth Certificate) and previous original CDC or the damaged CDC.

