



APPLICATION FOR CERTIFICATE OF PROFICIENCY

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 **BLOCK 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. CERTIFICATE (S) APPLIED (Please tick √ whichever as appropriate)

S/N	CERTIFICATE	NEW	RENEWAL	REPLACEMENT	PREVIOUS CERTIFICATE NUMBER
01	Elementary First Aid				
02	Fire Prevention and Fire Fighting				
03	Personal Survival Techniques				
04	Personal Safety and Social Responsibilities				
05	Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats				
06	Advanced Fire Fighting				
07	Medical Care				
08	Rating Forming Part of a Navigational Watch				
09	Medical First Aid				
10	Rating Forming Part of an Engineering Watch				
13	Automatic Radar Plotting Aid				
14	Able Seafarer Engine				
15	Electro-technical Rating				
16	Proficiency in Fast Rescue Boats				

S/N	CERTIFICATE	NEW	RENEWAL	REPLACEMENT	PREVIOUS CERTIFICATE NUMBER
17	Ship Security Officer				
18	Security Awareness Training				
19	Seafarer Designated Security duties				
20	Able Seafarer Deck				
21	Basic Training for Oil and Chemical Tanker Cargo Operations				
22	Advanced Training for Oil Tanker Cargo Operations				
23	Advanced Training for Chemical Tanker Cargo Operations				
24	Basic Training for Liquefied Gas Tanker Cargo Operations				
25	Advanced Training for Liquefied Gas Tanker Cargo Operations				
26	Crowd Management				
27	Passenger Ship's Safety				
28	Crisis Management and Human Behaviour				
29	Passenger Safety, Cargo safety and Hull Integrity				
30	Engine Room Resource Management				
31	Leadership and Managerial Skills(M)				
32	Leadership and Teamwork Skills(O)				
33	High Voltage(M)				
34	High Voltage (O)				
35	ECDIS				
36	Bridge Resource Management				
37	Automatic Identification System				
38	Radar Navigation –Management level				
39	Radar Navigation-Operational level				
40	Dangerous, Hazardous and Harmful Cargoes				
41	Basic Ship's Cook				
42	Others				

Attachments:

1. New application:

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

- For Able Seafarer engine or deck attach copy of the following: original Rating certificates, Statement of Success, Medical Fitness, Proof of identity (Passport or CDC, SID, National ID, Birth Certificate), proof of Sea service records and CDC
- For Basic Safety Training Certificate attach copy of the following: Statement of Success and Proof of identity (Passport or CDC, SID, National ID, Birth Certificate),

2. **Application for revalidation;** attach the following: Statement of Success, Medical Fitness, Proof of identity (Passport or CDC, SID, National ID, Birth Certificate) and previous original certificates.

3. **Application for replacement**

- For change of certificate details attach the following: Statement of Success and Proof of identity (Passport or Birth Certificate).
- For lost Certificate attach the following: Application letter, Police Loss Report, Statement of Success, copy of lost certificates; if any and Proof of identity (Passport or Birth Certificate).
- For damaged Certificate (s) attach the following: the damaged certificate and Proof of identity (Passport or Birth Certificate).

D. 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:

E. FOR OFFICIAL USE

1. VERIFICATION OFFICER

REMARKS:

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..... / /

Name

Signature

Date

2. PAYMENT DETAILS

Fee payable TZS/USD: Receipt No:

Date:/...../.....

Signature of receiving officer:

F. RECOMMENDATION BY MANAGER SEAFARERS TRAINING AND CERTIFICATION

This application is: Approved

Not approved

Remarks:

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..... / /

Name

Signature

Date