



F-MSE-STC-001-EOE/DECK

APPLICATION FORM FOR ORAL EXAMINATION – DECK OFFICERS

Number of attempt(s)

Tick as appropriate (√)	<input type="checkbox"/> 1 st	<input type="checkbox"/> 2 nd	<input type="checkbox"/> 3 rd
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1. PERSONAL DETAILS

Passport No/CDC No/SID No/NIDA No

Date of Birth

D	D	M	M	Y	Y	Y	Y

Full Name

Mr. Mrs. Ms. Miss

Place of Birth (Town and Country)

Nationality

Photograph

Attach
 Photograph of
 yourself here



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Permanent Address (for contact)

House Number	Street	P.O. Box	Town City
Region	Postcode	Country	

Delivery Address (if different from above)

House Number	Street	P.O. Box	Town City
Region	Postcode	Country	

Telephone Land line/Mobile Numbers

1.	2.
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E-mail Address

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2. CERTIFICATE CURRENTLY HELD

Certificate Number

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Country of Issue

Date of Issue

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3(a) CERTIFICATES APPLIED FOR: (Please tick appropriate)

S/No.	Certificates	Tick (√)
1	Master;	
2	Master on ships of between 500 and 3000gt;	
3	Master (near – coastal) on ships less than 500gt (NCV);	
4	Chief Mate;	
5	Chief Mate on ships of between 500 and 3000gt;	
6	Officer in charge of a navigational watch on ships of 500gt or more; and	
7	Officer in charge of a navigational watch on ships of less than 500gt (NCV)	

3(b) CERTIFICATES APPLIED FOR: (Please tick appropriate)

S/No.	Certificates	Tick (√)
1	Master Inland Waters;	
2	Master on Ships Less than 3000gt (Inland Waters);	
3	Master on ships less than 500gt (Inland Waters);	
4	Chief Mate Inland Waters;	
5	Chief Mate on Ships Less than 3000gt (Inland Waters);	
6	Chief Mate on Ships Less than 500gt (Inland Waters);	
7	Officer in charge of a navigational watch on ships of 500gt or more (Inland Waters); and	
8	Officer in charge of a navigational watch on ships of less than 500gt (Inland Waters).	

Applicant's Signature



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4(a) DOCUMENTS TO ACCOMPANY FOR ORAL EXAMINATION
(Attach copies of the certificates issued)

Documents to accompany application	Capacity of Certificate						
	Master	Chief mate	Master <3000gt	Chief mate	Officer in charge of a navigational watch	Master <500gt, NCV	Officer in charge of a navigational watch <500gt, NCV
Proof of identity	X	X	X	X	X	X	X
Medical Fitness Certificate	X	X	X	X	X	X	X
Seagoing service testimonials		X	X	X	X	X	X
On-board training record book					X		X
Previous certificate of competency/proficiency	X	X	X	X	X	X	X
Watchkeeping certificates		X	X	X	X	X	X
Bridge watchkeeping certificate					X	X	X
Certificate of the successful completion of the relevant training course	X	X	X	X	X	X	X
Personal Survival Techniques certificate	X	X	X	X	X	X	X
Fire Prevention and Fire Fighting certificate	X	X	X	X	X	X	X
Medical first aid certificate	X	X	X	X	X	X	X
Elementary First Aid certificate	X	X	X	X	X	X	X
Personal Safety and Social Responsibilities certificate	X	X	X	X	X	X	X
Proficiency in Survival Craft other than Rescue Boats certificate	X	X	X	X	X		X
Advanced Fire Fighting certificate	X	X	X	X	X	X	X
Ship Security Officer certificate	X	X	X	X	X	X	X
Medical care certificate	X	X		X	X	X	X
GMDSS General Operator Certificate	X	X	X	X	X	X	X



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Documents to accompany application	Capacity of Certificate						
	Master	Chief mate	Master GT <3000	Chief mate GT <3000	Officer in charge of a navigational watch	Master, GT <500, NCV	Officer in charge of a navigational watch, GT <500, NCV
Radar Navigation-operational level certificate					X	X	X
Radar Navigation-management level certificate	X	X	X	X			
Electronic Chart Display & Information System (ECDIS) certificate	X	X	X	X	X	X	X
Security awareness training certificate	X	X	X	X	X	X	X
Bridge Resource Management	X	X	X	X	X	X	X
Proficiency in Survival Craft and Rescue Boats certificate	X	X	X	X	X	X	X
Leadership and Management Skills	X	X	X	X			
Leadership and Teamwork Skills					X	X	X
Automatic Radar Plotting Aid (ARPA)	X	X	X	X	X	X	X
Automatic Identification System (AIS)	X	X	X	X	X	X	X
Calculated sea serves (months & days)	X	X	X	X	X	X	X
Certificate of Services	X	X	X	X	X	X	X
Officers/Crew contracts	X	X	X	X	X	X	X
Travelling documents (Passport)	X	X	X	X	X	X	X
Others (Specify)							



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4(b) DOCUMENTS TO ACCOMPANY FOR ORAL EXAMINATION
(Attach copies of the certificates issued)

Documents to accompany application	Capacity of Certificate							
	Master (Inland Waters)	Master on ship less than 3000gt (Inland Waters)	Master on ship < 500gt (Inland Waters)	Chief mate (Inland Waters)	Chief mate on ships <3000gt (Inland Waters)	Chief mate on ships <500gt (Inland Waters)	Officer in charge of a navigation watch on ship of 500gt or more (Inland)	Officer in charge of a navigation watch on ship of less than 500gt (Inland Waters)
Proof of identity	X	X	X	X	X	X	X	X
Medical Fitness Certificate	X	X	X	X	X	X	X	X
Seagoing service testimonials		X	X	X	X	X	X	X
On-board training record book						X	X	X
Previous certificate of competency/proficiency	X	X	X	X	X	X	X	X
Watchkeeping certificates				X	X	X	X	X
Bridge watchkeeping certificate		X	X	X	X	X	X	X
Certificate of the successful completion of the relevant training course	X	X	X	X	X	X	X	X
Personal Survival Techniques certificate	X	X	X	X	X	X	X	X
Fire Prevention and Fire Fighting certificate	X	X	X	X	X	X	X	X
Medical first aid certificate	X	X	X	X	X	X	X	X
Elementary First Aid certificate	X	X	X	X	X	X	X	X
Personal Safety and Social Responsibilities certificate	X	X	X	X	X	X	X	X
Proficiency in Survival Craft other than Rescue Boats certificate	X	X	X	X	X	X	X	X



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Advanced Fire Fighting certificate	X	X	X	X	X	X	X	X
Ship Security Officer certificate	X	X	X	X	X	X	X	X
Medical care certificate	X	X	X	X	X	X	X	X
GMDSS Restricted Operator Certificate	X	X	X	X	X	X	X	X
Radar Navigation-operational level certificate						X	X	X
Radar Navigation-management level certificate	X	X	X	X	X			
Electronic Chart Display & Information System (ECDIS) certificate	X	X	X	X	X	X	X	X
Security awareness training certificate	X	X	X	X	X	X	X	X
Bridge Resource Management	X	X	X	X	X	X	X	X
Proficiency in Survival Craft and Rescue Boats certificate	X	X	X	X	X	X	X	X
Leadership and Management Skills	X	X	X	X	X			
Leadership and Teamwork Skills						X	X	X
Automatic Radar Plotting Aid (ARPA)	X	X	X	X	X	X	X	X
Automatic Identification System (AIS)	X	X	X	X	X	X	X	X
Calculated sea serves (months & days)	X	X	X	X	X	X	X	X
Certificate of Services	X	X	X	X	X	X	X	X
Officers/Crew contracts	X	X	X	X	X	X	X	X
Travelling documents (Passport)	X	X	X	X	X	X	X	X
Others (Specify)								



5. DECLARATION BY THE CANDIDATE

I.....to the best of my knowledge, declare that the information given by me in this application is true and correct in every detail.

.....
 Name of Candidate

...../...../.....
 Candidate's Signature Date

WARNING: Giving false or misleading information is a serious criminal offence and may lead to prosecution.

NOTE: submitting this form DOES NOT automatically entitle the applicant to receive the certificate applied for nor is it acceptance of sea service. The final decision with regard to the issue of a certificate is made by the Registrar.

PRIVATE STATEMENT

Tanzania Shipping Agencies Corporation (TASAC) is collecting the information on this form to determine if you are eligible for.

- The issuance of a Certificate of Competence or recognition as a Master, Deck officer or GMDSS Certificate or Recognition.
- This is in accordance with the Merchant Shipping Act Cap 165 section 162 and the Merchant Shipping (Training, Certification and Manning), Regulations, 2016
- Merchant Shipping (Small Ships, Local Cargo Ships Safety, Small Ship Safety, Surveys and Inspections for Vessels Engaged on Local and Coastal Voyages, Inland waters) Regulations, 2006

TASAC may give some or all of this information concerning the validity, cancellation, imposition of restrictions, or suspension of certificate to overseas Maritime Administration, ship owners, operators, agents, the Tanzania Communications Regulatory Authority and law enforcement agencies.



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6. FOR OFFICIAL USE ONLY

PART I: VERIFICATION BY OFFICER

Remarks:

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Name **Signature** **Date**

PART II: RECOMMENDATION BY MANAGER SEAFARERS

This applicant is recommended not recommended

Remarks:

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Name **Signature** **Date**



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PART III: APPROVAL BY REGISTRAR OF SEAFARERS

This applicant is approved not approved

Remarks:

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.....
Name **Signature** **Date**

PART IV: PAYMENT DETAILS-CASHIER RECEIVE

Fee payable Receipt No.
 TZS/USD

Date: Signature receiving officer of

