



THE UNITED REPUBLIC OF TANZANIA
 MINISTRY OF TRANSPORT
TANZANIA SHIPPING AGENCIES CORPORATION
TASAC



ISO 9001:2015 CERTIFIED

F-MSE-STC-001-CDC

APPLICATION FORM FOR CONTINUOUS DISCHARGE CERTIFICATE (CDC)

Nature of Application (For replacement attach notification of loss of a certificate, application letter, police loss report, affidavit, and copies of certificates or any other relevant supportive evidence.)

Tick as appropriate (<input type="checkbox"/>)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Replacement
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A. PERSONAL DETAILS:

Surname: First Name: Middle name:
 Place of Birth: Date of Birth
 Color of Eyes Color of Hair
 Complexion Height (Centimeters)
 Gender Weight.....(Kilograms)
 Distinguishing Mark (if any)
 Nationality Tel No..... Previous CDC No.....
 Home Address Email:
 Name, Relationship & Address of Next of Kin.....

B. 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/National ID/National Voter ID: No
 Medical Fitness Certificate: **Valid Until**



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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:.....

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

F. APPROVAL BY REGISTRAR

This application is approved not approved

Remarks:.....

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Name **Signature** **Date**