



**ORAL EXAMINATION RESULTS FORM – DECK OFFICERS**

**A. PERSONAL DETAILS**

Passport No/ CDC No / SID No

Date of Birth

D	D	M	M	Y	Y	Y	Y

Full Name

Mr  Mrs  Ms  Miss

Surname

Other Names

Place of Birth (Town and Country)

Town

Country

Nationality

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. <input style="width: 95%;" type="text"/>	2. <input style="width: 95%;" type="text"/>
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E-mail Address

**Candidate's Signature and Photograph**

Signature: .....

Date.....

Affix Photo

**Note:** Should you fail the oral examination, you need to make a fresh application to the Administration



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**TANZANIA SHIPPING AGENCIES CORPORATION**  
**TASAC**



**B. TO BE COMPLETED BY BOARD OF EXAMINER**

**1. Details of Examination Place**

<b>Place and physical address</b>	
<b>Date</b>	
<b>Time</b>	

**2. Details of Board of Examiner**

S/N	Full Name	Qualification	Contact (Phone/Email)
1.			
2.			
3.			

**3. Examination Results (Tick as appropriate (☐))**

COC qualified	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
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<b>Certificates</b>	<b>Tick (☐)</b>
Master	
Master on ships of between 500 and 3000gt	
Master (near – coastal) on ships less than 500gt (NCV)	
Chief Mate	
Chief Mate on ships of between 500 and 3000gt	
Officer in charge of a navigational watch on ships of 500gt or more	
Officer in charge of a navigational watch on ships of less than 500gt (NCV)	
Officer in charge of a navigational watch on vessels up 100gt (NCV)	
Officer in charge of a navigational watch on vessels up 500gt Port Operations	
Others (Specify)	



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**4. Acknowledgement of the results by the candidate**

I ..... acknowledge the receipt of the oral examination results conducted on this day of .....

.....  
**Candidate's Signature**

.....  
**Date**

**5. Remarks: (Area where the candidate failed)**

.....  
 .....  
 .....  
 .....  
 .....

.....  
**Name of Board of Examiner    Board of Examiner's Signature    Date**

**6. FOR OFFICIAL USE ONLY**

.....  
 .....  
 .....

.....  
**Name**

.....  
**Signature**

.....  
**Date**



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**PART I: FOR RE-APPLICATION**

a) Please arrange an appointment for an oral examination

(i) As soon as possible

(ii) As soon as possible after

(iii) As soon as possible on

b) Name of the Candidate: .....

**Candidate's Signature:..... Date:.....**

**PART II: RE-EXAMINATION RESULT (Tick as appropriate (☐))**

COC qualified	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	
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**1. Acknowledgement of the results by the candidate**

I ..... acknowledge the receipt of the oral examination results conducted on this day of .....

.....  
**Candidate's Signature**

.....  
**Date**

**2. Remarks:**

.....  
 .....  
 .....

.....  
**Name of Board of Examiner    Board of Examiner's Signature    Date**



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**3. FOR OFFICIAL USE ONLY**

.....  
.....  
.....

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

**PART III: FOR RE-APPLICATION**

c) Please arrange an appointment for an oral examination

(i) As soon as possible

(ii) As soon as possible after

(iii)As soon as possible on

d) Signature of candidate Date:

**PART IV: RE-EXAMINATION RESULT (Tick as appropriate (☐))**

COC qualified	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
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**1. Acknowledgement of the results by the candidate**

I ..... acknowledge the receipt of the oral examination results conducted on this day of .....

.....  
**Candidate's Signature**

.....  
**Date**

