



**THE UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF WORKS, TRANSPORT AND COMMUNICATION**  
**TANZANIA SHIPPING AGENCIES CORPORATION**  
**TASAC**



**ORAL EXAMINATION RESULTS FORM – ENGINEER 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: 90%;" type="text"/>	2. <input style="width: 90%;" type="text"/>
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E-mail Address

**Candidate's Signature and Photograph**

Signature: .....

Affix Photo

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



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

**1. Details of Examination Place**

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

**2. Details of Board of Examiners**

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
Category of Engine	<input type="checkbox"/> Steam	<input type="checkbox"/> Motor <input type="checkbox"/> Combined

<b>Certificates</b>	<b>Tick (☐)</b>
Chief engineer officer	
Second Engineer officer	
Chief Engineer officer on ships powered by main propulsion machinery of between 750 kW and 3000 kW	
Second Engineer officer on ships powered by main propulsion machinery of between 750 kW and 3000 kW	
Officer in charge of an engineering watch on ships powered by main propulsion machinery of 750 kW or more.	
Officer in charge of an engineering watch on ships powered by main propulsion machinery of less than 750 kW.	
Electro technical officer	
Rating forming part of an engineering watch	
Electro technical rating	
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**

**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:**.....



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**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**

**3. 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**

**4. Remarks:**

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

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



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**PART III: 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 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**

**2. Remarks: (area where the candidate failed)**

.....

.....

.....

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



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**3. FOR OFFICIAL USE ONLY**

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

.....  
**Name**

.....  
**Signature**

.....  
**Date**