***APPLICATION FOR TYPE RATING CERTIFICATE FOR***

***HIGH SPEED CRAFT □***

***DYNAMICALLY SUPPORTED CRAFT □***

***PART 1. PARTICULARS OF SEAFARER***

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Given Name(s)* |  | | | *Surname* |  | | | |
| *Date of Birth* | | | *Place of Birth* | | | *Nationality* | | |
|  | | |  | | |  | | |
| *Passport* | | *Mobile* | | *Email* | | | *Sex* | |
|  | |  | |  | | | *Male* | *Female* |
|  |  |
| *Permanent Address of Seafarer* | | | | | | | | |
|  | | | | | | | | |
| *Medical Certificate issue Date* | | | | *Medical Certificate Expiration Date* | | | | |
|  | | | |  | | | | |

***PART 2. VESSEL PARTICULARS ON WHICH CURRENTLY SERVING (OR IS PLANNED TO SERVE)***

|  |  |  |  |
| --- | --- | --- | --- |
| *Name of Vessel* | *IMO Number* | *Official Number* | *Type of Vessel* |
|  |  |  |  |

***PART 3. QUALIFICATIONS OF SEAFARER***

|  |  |  |  |
| --- | --- | --- | --- |
| *Description of Certificate currently held* | | | |
| *Capacity* | *Date of Issue* | | *Date of Expire* |
|  |  | |  |
| *Certificate Number* | | *Name of Issuing Authority* | |
|  | |  | |

***PART 4. SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION***

|  |  |
| --- | --- |
| *Supporting Documents Required (all applications)* | *Attached* |
| *Copy of current Certificate of Competency (COC) issued by a country listed in the STCW “White List” of the IMO* |  |
| *Copy of a valid National Passport* |  |
| *Copy of Seaman’s Book (including pages related to the date of issuance, expiration & previous sea service on High Speed Craft and/or Dynamically Supported Craft)* |  |
| *Valid Medical Fitness Certificate (the medical examination must be carried out no more than 12 months before this application)* |  |
| *Valid Confirmation Letter for special training as required by Chapter 18.3.3 of HSC Code or Chapter 17.2 of the DSC Code.* |  |
| *Approved Training Center by the Flag State of Origin* |  |
| *Valid “Permit to Operate Certificate” issued by the Attending Classification Society* |  |

***PART 5. DECLARATIONS***

*I hereby affirm that all information provided by me in this application and its supporting documents and proofs are true and correct to the best of my knowledge and belief; further, that no certificate issued to me heretofore by any Government has ever been revoked or suspended*

*and*

*I am aware that if I submit fraudulent documents, I may be banned from serving on Republic of Guinea-Bissau ships and liable for prosecution.*

|  |
| --- |
|  |
| ***Signature of the seafarer*** |

*DATE OF APPLICATION: ………………………………………………………………………………………………………………………….………………………*

*\*The lawful holder is authorized to serve on the mentioned vessel in the capacity of Type Rating for a period of (2) years from the date of issuance of the Certificate of Endorsement of Type Rating or until the date of the expiry of his certificate of Proficiency, whichever comes first.*

This Application is to be submitted to the Deputy General Ships Registrar

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Email:  [*rmedawar@gbi-lb.org*](mailto:rmedawar@gbi-lb.org)