



REPUBLIC OF CYPRUS

SHIPPING DEPUTY
MINISTRY

APPLICATION FOR THE ISSUE / RENEWAL / REPLACEMENT OF AN ENDORSEMENT ATTESTING
THE RECOGNITION OF A NON CYPRUS CERTIFICATE
(ONLY FOR PERMANENT RESIDENTS)

Page 1 of 2

Please mark as appropriate:

Issue

Renewal

Replacement

1. Surname (Family Name)	2. First Name (Given Name)
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3. Date of birth Day: _____ Month: _____ Year: _____	4. Place of Birth City: _____ Country: _____
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5. Nationality (Citizenship)	6. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
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7. Medical Certificate issue date Day: _____ Month: _____ Year: _____	8. Medical Certificate expiry date Day: _____ Month: _____ Year: _____	9. Medical Certificate Issuing Authority (Country)
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10. Seafarer's mailing Address

Street: Postal Code:

City: Country:

Tel.: Fax: E-mail:

11. Certificate of Competency and Certificate of Proficiency on Tanker training

Please mark Seafarer's Capacity / ies

MASTER	<input type="checkbox"/>
CHIEF OFFICER	<input type="checkbox"/>
OFFICER IN CHARGE OF A NAVIGATIONAL WATCH	<input type="checkbox"/>
CHIEF ENGINEER OFFICER	<input type="checkbox"/>
SECOND ENGINEER OFFICER	<input type="checkbox"/>
OFFICER IN CHARGE OF AN ENGINEERING WATCH	<input type="checkbox"/>

GMDSS GENERAL OPERATOR	<input type="checkbox"/>
GMDSS RESTRICTED OPERATOR	<input type="checkbox"/>
OIL TANKER TRAINING	<input type="checkbox"/>
CHEMICAL TANKER TRAINING	<input type="checkbox"/>
GAS TANKER TRAINING	<input type="checkbox"/>

Certificate of Competency No	Issuing Authority (Country)	Position on board the vessel
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Certificate of Competency issue date Day: _____ Month: _____ Year: _____	Certificate of Competency expiry date Day: _____ Month: _____ Year: _____
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12. If you do not hold a valid Cyprus seafarer's identification and sea service record book, state the date of application for this. Day: _____ Month: _____ Year: _____

If you hold one, give the Cyprus seafarer's identification and sea service record book Number :

C	Y								
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13. If the application is for replacement of endorsement please mark as appropriate:

Lost Theft Destroyed Other

If you mark other please give reason

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14. Are you familiar with the Cyprus legislation and requirements related to your duties? YES NO

15. DECLARATION (For Masters, Chief officers, Chief Engineers, Second Engineers)

I the undersigned Declare that:

I have carefully studied and understood the contents of the guidance document entitled "*Familiarization with National Maritime Legislation and Requirements*", which I will carry with me every time I serve on board Cyprus flag vessels.

Signature of the applicant:

16. DECLARATION (The maximum penalty for false declaration is 8543 euro)

I Declare that the information I have given is, to the best of my knowledge, true and complete. I also Declare that the documents submitted are true copy of the originals and the authenticity of applicant's Certificate of Competency and Certificate of Proficiency for Tanker training (if any) has/have been verified with the issuing Authority.

Name of the Company* :

Company address :

Name of the authorised signatory :

Title of the authorised signatory :

Signature and stamp on behalf of the Company :

Date of Application :

* As defined by Law 105(I)/2000

17. Check List of Documents.

Please check whether the following documents are attached with this application

Two (2) Photographs (3 x 4 cm)	
Copy of Certificate of Competency (COC) and Endorsement if any	
Copy of Medical Examination Certificate	
Copy of GMDSS Certificate and Endorsement if any *	
Copy of the old Cyprus endorsements if any	
Copy of Oil Tanker Certificate if any *	
Copy of Chemical Tanker Certificate if any *	
Copy of Gas Tanker Certificate if any *	

* If you don't mark it will not be included in your Cyprus Endorsement

Seafarers found with fraudulent certificates of competency or training documentary evidence, may be banned from employment on board Cyprus flag vessels for life

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Do not write below this line