•	**GOVERNMENT OF ANTIGUA AND BARBUDA** **DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING (ADOMS)** **Application for Boatmaster/Engineer License**	Document	FO-C16
		Revision	01
		Page	1 of 1
		Reference	--

FOR OFFICIAL USE ONLY	**ID:**			
	SFB:	**End. D:**	**End. E:**	**End. R:**
	exp. date:	exp. date:	exp. date:	exp. date:

Photograph

Remarks:

PART I. PERSONAL DATA

1. Family Name	2. First Name(s)	3. Date of Birth
4. Applicant's Address	5. Grade of License applied for	

PART II. PARTICULARS OF SEA SERVICE AND EXPERIENCE

Indicate last 3 marine post held, the beginning and ending dates, the Company, Supervisor and contact number of the company

Post Held	Date Comm.	Date End.	Company Name	Supervisor	Contact number
6.					
7.					
8.					

PART III. PARTICULARS OF SERVICE AND EXPERIENCE

9. I hereby apply for the issuance/revalidation of an Antigua and Barbuda Boatmaster/Engineer Grade 1/2/3 license under the SCV Code Reg. IX/3.1 or Reg. IX/3.2

10. Passport Number _____ expiry date: _____

11. Name/owner of vessel on which now serving or will join:

PART IV. AFFIDAVIT OF APPLICATION

It is affirmed that all information provided in this application and its supporting documents and proofs is true and correct to the best of my knowledge and belief and in compliance with the requirements of STCW, Reg. I/14; further, that no certificate issued heretofore by any Government has ever been revoked or suspended; or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made a part of this application.

12. Applicant, Crewing Agent or Shipping Company: Signature ..... Date ……	13. **Evidence of verification**: I herewith confirm that the documents submitted with this application have been verified for compliance with Antigua & Barbuda requirements for certification: **Filing Agent Signature, Date, Stamp**

FAILURE TO FILL IN ALL APPLICABLE BOXES MAY RESULT IN REJECTION OF APPLICATION