

Important: Full details of pre-requisites for each grade of certificate and endorsements are found on the NSW Maritime website: www.maritime.nsw.gov.au/operatcv.html. Please ensure that you have read these requirements before submitting an application to NSW Maritime.

Additional details can be obtained from your local NSW Maritime office, the NSW Maritime Info Line 13 12 56 or from the Commercial Vessels Branch (02) 9563 8769.

Please ensure that the following documents (or certified copies) are provided with each application as follows:

Examination for New Certificate: Records of previous experience and service, letters/references from employers to support your records of service and part payment fee of \$40.00.

Revalidation: Records of your experience and service in past 5 years, proof of medical/eyesight fitness, your actual certificate (not a copy) for re-endorsement, copy of first aid certificate, revalidation fee.

Recognition of Certificate (issued by another authority): The actual certificate (not a copy), 2 colour passport photos, copy of current First Aid certificate, proof of medical/eyesight fitness within last 2 years, fee.

General Purpose Hand Endorsement: Training course records including a copy of current first aid certificate, proof of medical/eyesight fitness.

Sailing School Endorsement: Yachting Australia Logbook, approval letter from Yachting NSW, proof of medical/eyesight fitness, copy of first aid certificate, evidence of sail training courses, fee.

All other endorsements: Evidence of further experience and service, additional training courses, bar crossing details, your actual certificate, fee.

NOTE: All applications require proof of identity. Current fees are available from website.

SECTION 1

APPLICATION FOR (Please tick appropriate box)

EXAMINATION FOR A CERTIFICATE OF COMPETENCY

Grade applying for (i)
(ii)

Revalidation of

(i) Certificate Number:.....Expiry Date:...../...../.....

(ii) Certificate Number:.....Expiry Date:...../...../.....

Recognition of Certificate Issued by another Authority

Certificate Number (i):.....Expiry Date:...../...../.....

(ii):.....Expiry Date:...../...../.....

Replacement Certificate

(Please complete note section bottom of page 2).

SECTION 2

GENERAL PURPOSE HAND ENDORSEMENT

RECORD OF SERVICE BOOK OR R.O.P.E.S.

EXTENSION OF OPERATING CONDITIONS OR THE LIFTING OF RESTRICTIONS ON A CERTIFICATE

BAR ENDORSEMENT FOR

SQUARE RIG ENDORSEMENT

CERTIFICATE TO OPERATE VEHICULAR FERRY IN CHAINS

SPECIAL OPERATIONS ENDORSEMENT FOR DANGEROUS/HAZARDOUS GOODS

SAILING SCHOOL ENDORSEMENT

SECTION 3

DETAILS OF APPLICANT

Surname

Given Names

Sex Male Female

Birth Details:

Date / /

Town/City

State/Country

Residential Address (PO Box is not acceptable, application will not be processed unless residential address is supplied)

.....

..... Postcode

Postal Address (if same as residential address, please write "as above")

.....

..... Postcode

SECTION 4

Contact Numbers:

Private

Business

Mobile

Fax

E-mail

Complexion (Skin colour)

Fair(01) Medium(02) Dark(03) Ruddy-Red(04) Olive(05)

Hair (Colour)

Bald(01) Black(02) Blonde(03) Light Brown(04)

Medium Brown(05) Dark Brown(06) Red(07) Grey(08)

White(09) Auburn(10) Other(99)

Eye (Colour)

Blue(01) Green(02) Brown(03) Grey(04) Hazel(05)

Height (m).....

Distinguishing Features (Scars, tattoos, amputations etc)

.....

SECTION 5

APPLICANT'S SIGNATURE (BLACK OR BLUE INK)

(Please sign within the box provided)

Paste colour passport photo here

Photos to have name of applicant written on back

(Please forward by registered mail)

MAILING ADDRESS

NSW MARITIME
MARINE CERTIFICATION
LOCKED BAG 5100
CAMPERDOWN
SYDNEY 1450

CERTIFICATE OF MEDICAL FITNESS (EYESIGHT) FOR A MARINE QUALIFICATION

An eyesight test may be conducted by a suitably qualified medical practitioner or optometrist.

If a person does not meet the following standards they may be re-tested by an eye specialist for an opinion on their ability to perform the duties of a master, mate and/or engineer of a commercial vessel. Persons with only one eye or poor vision in one eye, may be able to demonstrate their ability to an examiner to perform their duties.

Background:

A deck watchkeeper must be able to identify dangers to navigation at a safe distance. At night or in restricted visibility a deck watchkeeper must be able to distinguish between steady or flashing lights (white, red, green, yellow and blue) which are fitted to vessels and navigation aids. For engine room duties a person must be able to distinguish between basic colours used to identify electrical wiring and piping.

Aids to Vision:

Are defined as glasses or contact lenses that have been prescribed by a qualified optometrist or eye specialist to correct refractive error of an eye. They should not be coloured or tinted, and colour correction devices should not be worn for colour testing.

1. WITHOUT AIDS TO VISION:

The applicant meets the minimum standard of 6/30 in each eye without aids to vision

YES NO

(Enter the minimum standard of each eye tested as follows)

LEFT EYE

2. WITH AIDS TO VISION:

The applicant meets the minimum standard of 6/6 in the better eye and 6/9 in the other eye with or without aids to vision

YES NO

Type of aids worn:

(Enter the minimum standard of each eye tested as follows)

LEFT EYE

3. WITH OR WITHOUT AIDS TO VISION: The applicant can read the **N5** chart from 300-500mm

YES NO

4. COLOUR VISION: The applicant has passed the **ISHIHARA** Test with or without aids to vision

YES NO

NOTE: Colour correction devices are not to be worn during this test. The failure of 4 or more plates will constitute a failure of the colour vision test and the candidate will be required to undergo the Holmes-Wright lantern test at NSW Maritime's Rozelle office and if necessary obtain specialist advice.

STATEMENT BY QUALIFIED MEDICAL PRACTITIONER (delete as necessary)

I certify that I have examined (Name of Applicant)..... Date of Birth/...../.....

and that this person **MEETS/DOES NOT MEET** the eyesight standards as indicated above. In my opinion this person's eyesight **IS/IS NOT** satisfactory to perform duties as a crew member aboard a commercial vessel without creating an unacceptable risk to the safety of him/herself, other members of the crew, passengers or the safe operation of a vessel. This person **IS/IS NOT** a regular patient of mine.

NAME OF DOCTOR..... SIGNATURE OF DOCTOR

PROVIDER NUMBER DATE OF EXAMINATION...../...../.....
(Please Stamp) (Valid for 2 years from this date)

ADDRESS

PHONE NUMBER

CERTIFICATE OF MEDICAL FITNESS FOR A MARINE QUALIFICATION

Medical fitness examinations shall be based on normal criteria. The requirements listed below are to ensure that a person can perform their duties on board a commercial vessel without creating an unacceptable risk to him/herself, other members of the crew, passengers or safe operation of a vessel.

- 1. HERNIA:** Does the applicant have a condition of hernia? YES NO
 If yes, has it been corrected satisfactorily by a curative operation? NO YES
- 2. SPEECH:** Does the applicant have clear speech without hesitation? NO YES
 (to enable orders to be given effectively to other persons in times of emergency).
- 3. HEARING:** Is the applicant able to hear in each ear during testing by the whispered voice, watch or other approved tests? NO YES

If No, further testing by an audiogram is necessary.

Test Standard:

Hearing loss in each ear must not be greater than 40 decibels (AMA standard) for the frequencies of 500Hz, 1000Hz and 2000Hz.

Audiogram Test Results:

Test Frequency	Loss in dB		
	500Hz	1000Hz	2000Hz
Left Ear			
Right Ear			

- Can the applicant reach the standards above with hearing aids? NO YES
- IF YES would the hearing aids be effective in a noisy environment such as a commercial vessel? NO YES
- Would the client be able to adequately carry out watchkeeping duties in a noisy environment whilst wearing hearing aids? NO YES
- 4. ARTIFICIAL LIMBS:** Does the applicant have any artificial limbs? YES NO
 Is any artificial limb likely to prevent the applicant from efficiently performing duties on a commercial vessel? YES NO
 if yes, please specify.....
- 5. EPILEPSY:** Is the applicant liable to epileptic seizures? YES NO
 If yes, has the applicant been free from attack without the use of anti convulsant drugs for at least 2 years? NO YES
 If yes, has the applicant been free from attack with the use of anti convulsant drugs for at least 2 years? NO YES
- 6. CARDIAC PACEMAKER:** Does the applicant have a cardiac pacemaker implanted? YES NO
 If yes, taking into account the nature of the disease and the reliability of the pacemaker, is the applicant considered fit to work as a crew member on a commercial vessel? NO YES
- 7. DIABETES:** Does the applicant have insulin dependent diabetes or any form of poorly controlled diabetes? YES NO
 If the applicant is managing the diabetes effectively the doctor should issue a statement to that effect.
- 8. TUBERCULOSIS:** Has the applicant been affected by pulmonary tuberculosis? YES NO
 If yes, has the disease been controlled or been inactive for at least the previous 6 months NO YES

STATEMENT BY QUALIFIED MEDICAL PRACTITIONER (delete as necessary)

I certify that I have examined (Name of Applicant)..... Date of Birth...../...../.....

and that this person **MEETS/DOES NOT MEET** the requirements as indicated above. In my opinion this person **IS FIT/IS NOT** fit to perform duties effectively as a crew member aboard a commercial vessel without creating an unacceptable risk to the safety of him/herself, other members of the crew, passengers or the safe operation of a vessel. This person **IS/IS NOT** a regular patient of mine.

NAME OF DOCTOR..... SIGNATURE OF DOCTOR.....

PROVIDER NUMBER (Please Stamp) DATE OF EXAMINATION..... (Valid for 2 years from this date).....

ADDRESS

