

**PLEASE READ THE ATTACHED NOTES BEFORE COMPLETING THIS FORM**

Please complete electronically in **ENGLISH**. All sections must be completed.

**1 Personal Details**

Given Name(s): \_\_\_\_\_ Family/Surname: \_\_\_\_\_

Nationality: \_\_\_\_\_ Gender: Male  Female  Date of Birth (DD/MM/YYYY): \_\_\_\_\_

Email: \_\_\_\_\_

Vessel Name: \_\_\_\_\_ Type of ship (if known): \_\_\_\_\_

Official Number: \_\_\_\_\_ Email (For CRA): \_\_\_\_\_

Capacity in which the Seafarer wishes to Serve: \_\_\_\_\_

**Entity Responsible for Payment**

Company/Agent/Applicant: \_\_\_\_\_ Name of Responsible Person: \_\_\_\_\_

**APPLICANT'S FULL HOME ADDRESS**

**CORRESPONDENCE ADDRESS FOR  
ENTITY RESPONSIBLE FOR PAYMENT**

APPLICANT'S FULL HOME ADDRESS	CORRESPONDENCE ADDRESS FOR ENTITY RESPONSIBLE FOR PAYMENT
Address:	
_____	_____
Street/District:	_____
_____	_____
Town/City:	_____
_____	_____
County/State/Region:	_____
_____	_____
Postal Code/ZIP Code:	_____
_____	_____
Country:	_____
_____	_____
Telephone:	_____
_____	_____
Email:	_____
_____	_____

**Specimen Signatures of Applicant**

Note: Please ensure that the signatures are completely **within the borders of the spaces provided**. Please sign in **BLACK INK**. Failure to comply will invalidate the application.

**2 Details of STCW Certificates Held**

**2.1 Certificate of Competency**

Capacity of Certificate of Competency:

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Applicable STCW Regulation:

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Certificate Number:

Issuing Country:

Date of Initial Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Date of Last Revalidation (DD/MM/YY):

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Give details below of all capacities and limitations which apply to this certificate:

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**2.2 STCW Refresher Training (as applicable)**

STCW Refresher Training:

STCW Code A-VI/1.3

Certificate Number(s):

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Date of last refresher training (DD/MM/YYYY):

Issued on behalf of (Country):

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**2.3 Other STCW**

Give details of any **Tanker** / Dangerous Cargo Endorsements (or "Certificates of Proficiency"), any **GMDSS** Certificates held and any applicable **Passenger Ship** training Certificates. (See notes):

TYPE	CERTIFICATE NUMBER	ISSUING GOVERNMENT	DATE OF EXPIRY (DD/MM/YYYY)
Basic Oil & Chemical Tanker:			
Basic Liquefied Gas Tanker:			
Advanced Chemical Tanker:			
Advanced Oil Tanker:			
Advanced Liquefied Gas:			
GMDSS:			
Passenger Ship:			

**Give details of Seafarer Medical Fitness Certificate held:**

Date of Issue (DD/MM/YYYY):

Date of Expiry (DD/MM/YYYY):

Issuing Authority (Country):

**3 Declarations**

**Declaration by applicant**

I, the undersigned, declare that the information I have given is, to the best of my knowledge, true and complete. I also declare that the copies of the documents submitted are true copies of genuine documents.

Name:

Date (DD/MM/YYYY):

Signature

**Declarations by Company/Agent sponsoring application:**

**A: Knowledge of English Language (required for Masters and all officers)**

I, the undersigned, declare that the applicant described in this application and whose documents, or copies, are attached is proficient in spoken and written English to a standard sufficient for service on a Cayman Islands ship. Further, the applicant can use and understand manuals, documents, equipment instructions, orders and other material in English necessary for the function to be performed onboard.

Name:

Date (DD/MM/YYYY):

Position in Company:

Signature

**B: Knowledge of Cayman Islands Law and Administrative Procedures (LAP) (required for Masters and all Officers serving at Management Level – STCW Reg. I/10.2)**

I, the undersigned, declare that the applicant described in this application is competent in the matters of Cayman Islands Shipping Legislation and its application..

Name:

Date (DD/MM/YYYY):

Position in Company:

Signature

**4 Checklist of Essential Documents and Actions**

DOCUMENT	Tick (if enclosed or confirmed)	OFFICIAL USE ONLY
STCW Certificate of Competency (all pages)	<input type="checkbox"/>	
Passport	<input type="checkbox"/>	
Other National Identity Document	<input type="checkbox"/>	
Photo (Colour, plain background, full face without a hat, JPEG file: 100KB – 2MB)	<input type="checkbox"/>	
STCW Basic Training Certificate of Proficiency / Refresher Certificates (as applicable)	<input type="checkbox"/>	
Seafarer Medical Fitness Certificate	<input type="checkbox"/>	
Tanker / Dangerous Cargo Endorsement(s)	<input type="checkbox"/>	
Passenger Ship Training Certificates	<input type="checkbox"/>	
GMDSS Certificate (all pages)	<input type="checkbox"/>	
Specimen Signatures (within borders)	<input type="checkbox"/>	
Signed Declaration by Applicant (Section 3)	<input type="checkbox"/>	
Signed Declaration by Company / Agent sponsoring the application (Section 3A & 3B as applicable)	<input type="checkbox"/>	
Evidence of proficiency in the English Language (If Section 3A not signed)	<input type="checkbox"/>	
Evidence of proficiency in Cayman Islands Law and Administrative Procedures (If Section 3B not signed)	<input type="checkbox"/>	
Guidance Notes read and understood	<input type="checkbox"/>	
Email form and attachments to 'crew@cishipping.com'	<input type="checkbox"/>	

**PLEASE SELECT PAYMENT METHOD BELOW**

Payment Method - Online (Preferred)	<input type="checkbox"/>	
Payment Method - Credit Card (US\$) Authorisation Form	<input type="checkbox"/>	
Payment Method - Wire Transfer	<input type="checkbox"/>	



## APPLICATION FOR A CAYMAN ISLANDS ENDORSEMENT

ATTESTING TO THE RECOGNITION OF A CERTIFICATE UNDER THE PROVISIONS OF THE INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978, AS AMENDED

### 5 Dispatch/Courier Address

Address:

District:

Town/City:

County/State/Region:

Postal Code/ZIP Code:

Country:

### 6 Additional Comments (if required)

## 7 Guidance Notes for the Completion of this Application form

Please ensure that you read and understand these notes before completing the form.

Please complete this form electronically, print and sign in black ink and then submit the scanned copy. If a section is not relevant to your application enter NIL.

**ENSURE YOU COMPLETE THIS FORM IN FULL – FAILURE TO DO SO MAY MEAN THAT WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED**

Please enclose copies of all documents necessary to establish your eligibility for a Cayman Islands Endorsement. You must send **COPIES** of all documents and not original documents.

### SECTION 1: Personal Details

Enter the applicant's personal details in the boxes provided. The applicant's name should be given in FULL and should be given in the same format as appears in the applicant's Certificate of Competency.

Dates should be given in the format **DD/MM/YYYY**, e.g. 19 September 1972 should be written as 19/09/1972.

The home address where the applicant normally resides should be included, an applicant's address "care of" a manning agent or other company cannot be accepted. Additionally, the address and details of the company or agency sponsoring the application should also be provided.

The specimen signatures provided will be transferred to the Cayman Islands Endorsement. It is essential that signatures are completely contained within the borders provided. Signatures not completely within the borders will lead to the application being rejected.

### SECTION 2: Details of STCW Certificates Held

Please submit electronic copies of all documents included in support of your application. All pages of documents submitted in support of the application must be included.

**STCW Certificate of Competency:** Enter the details in this section and include a copy of all pages of the Certificate of Competency with your application.

**STCW Basic Training:** To be eligible for a Cayman Islands Endorsement the applicant must submit documentary evidence in accordance with STCW Code Section A-VI/1.3 that the following updated/refresher training has been completed within the last five years:

1. Proficiency in Personal Survival Techniques (PST) STCW A-VI/1-1, (recognised equivalent pre 31 January 2000: Basic Sea Survival);
2. Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats (PSC & RB), STCW A-VI/2-1 (recognised equivalent pre 31 January 2000: Proficiency in Survival Craft or Lifeboatman's Certificate);
3. Proficiency in Fast Rescue Boats (PFRB) STCW A-VI/2-2;
4. Proficiency in Fire Prevention and Fire Fighting (FP & FF), STCW A-VI/1-2 (recognised equivalent pre 31 January 2000: MNTB 2 Day Fire Fighting Course);
5. Proficiency in Advanced Fire Fighting (AFF) STCW A-VI/3 (recognised equivalent pre 31 January 2000: MNTB 4 Day Fire Fighting Course).

For service on **Tankers** the applicant must hold the appropriate endorsement or "Certificate of Proficiency" for the intended type of tanker and the level of responsibility onboard. Such certificates and endorsements must be issued by a National Administration or form part of the applicant's Certificate of Competency. Course completion certificates alone are insufficient to allow the applicant to serve onboard tankers.

Masters, Chief Mates and Officers in charge of a navigational watch must hold either a **GMDSS** Restricted Operator or General Operator Certificate (STCW Reg. CH IV/2).

For service onboard **Passenger ships** and Passenger Yacht Code (PYC) vessels the applicant must hold and submit the appropriate training course certificates for the intended type and the level of responsibility onboard. These include as a minimum:

1. Crowd Management Training (STCW Regulation V/2 para. 4).
2. Crisis Management and Human Behaviour (STCW Regulation V/2 para. 6).

**Medical Fitness Certificates** are required to be valid for a minimum period of three months at the time of application. Medical certificates issued by, or on behalf of a country listed within Cayman Islands Shipping Notice **05/2011** (as amended) are considered acceptable for service onboard Cayman Islands ships. Such certificates should be issued in accordance with Regulation I/9 of STCW.

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### SECTION 3: Declarations

**Guidance for the applicant:** Please read the declaration carefully. **Only the applicant may sign this declaration, signatures of others on behalf of the applicant cannot be accepted.** Once you are sure the information is, to the best of your knowledge, correct, true and complete, and the documents submitted are true copies of genuine documents, you should sign the declaration with your usual signature including your name and the date.

**Guidance for companies/agents sponsoring the application:** Please read the declarations. These are legal declarations which you should consider carefully before signing. In cases of doubt over the applicant's ability, proficiency in the English language can be demonstrated by a number of qualifications for English as a Foreign Language.

Knowledge of Cayman Islands **Law and Administrative Procedures (LAP)** is required for all Officers who are designated to serve as Master, Chief Mate, Chief Engineer and Second Engineer.

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### SECTION 4: Checklist of Essential Documents and Actions

Please submit **all pages** of CoC, GMDSS etc.

Photographs must be taken "full face" without a hat on a plain background as per normal passport style and sent as a JPEG file (100KB – 2MB).

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### SECTION 5: Dispatch/Courier Address

Please enter the most convenient address in order for us to courier/dispatch the new Endorsement. Upon satisfactory receipt of all documents we will email a formal letter (**CRA**) to the address detailed in Section 5 to confirm receipt of an application for a Cayman Islands Endorsement. This CRA will remain valid for a period not exceeding three months (STCW Reg.I/10.5).

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### SECTION 6: Additional Commentd (if required)

Please feel free to enter any additional information here if required.

**SECTION 7: Additional Notes for submitting Electronically**

Please complete this form electronically, print and sign and then submit a scanned pdf copy to ['crew@cishipping.com'](mailto:crew@cishipping.com) along with all supporting documentation as applicable (Section 4 Checklist refers).

The total file size for the email must remain below 5MB. Scans of documents are to be sent as pdfs and photos as jpegs.

**SECTION 8: Payment Method**

Once your application has been processed our Accounts department will email the entity as detailed in Section 1 to request payment online using the following link [Pay Invoice](#). Please note that you will require the Invoice number and either the Invoice Pin # (found on the Invoice) or the Vessel Name to pay online.

Alternative payment methods can be found at [www.cishipping.com/forms](http://www.cishipping.com/forms) under "Finance & Accounting".