



# ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping Act No. 24 of 2002  
Department of Maritime Affairs, Ministry of Public Works, Utilities, Transport and Posts



## APPLICATION FOR SEAFARERS DOCUMENTS

{STCW Certificate of Endorsement (CoE) attesting the recognition of another Administration's Certificate and/or Continuous Discharge Certificate (CDC) incorporating Seafarers Identification and Sea Service Record}

**PLEASE COMPLETE IN CAPITAL LETTERS IN BLACK INK OR BY TYPING AND READ EXPLANATORY NOTES ON PAGE 3**

TYPE OF APPLICATION (please tick) Certificate of Endorsement  Continuous Discharge Certificate  GMDSS / Tanker  Renewal/Replacement

### PART A – TO BE COMPLETED BY ALL SEAFARERS

| PERSONAL DETAILS OF SEAFARER (All items marked with an asterix * are compulsory)  |   |  |                           |
|---|---|--|---------------------------|
| 1) * Family Name / Surname(s) of Seafarer:  |   | 2) * Given name(s) of Seafarer:                |                           |
| * Home Address of Seafarer: Documents will be sent to this address unless the application is made through the Dept. of Maritime Affairs, the office of a Maritime Registrar or other party (e.g. Owner, Crew Manager) when they will be sent to that office for passing onto the seafarer |   |  |                           |
| 3) * Address Line 1   |   |  |                           |
| 4) * Address Line 2   |   |  |                           |
| 5) * Town/City  |   | 6) * County/State                              |                           |
| 7) * Post/Zip Code (if available)   |   |  |                           |
| 8) * Country  |   |  |                           |
| 9) Tel:   |   | 10) Fax: (if available)                        | 11) Email: (if available) |
| 11) * Passport No: (see Notes on pg 3)  | 12) SKN Seafarers No: (renew/replace)<br><b>800</b> | 13) *Date of birth (dd/mm/yy):                 | 14) *Place of birth:      |
| 15) *Nationality:   | 16) *Height/ Weight:                                | 17) *Colour of hair:                           | 18) *Colour of eyes       |
| 19) *Medical Certificate Issue Date:  |   | 20) *Medical Certificate Expiry Date:          | 21) *Sex (M/F):           |
| 22) *Distinguishing marks (if any):   |   |  |                           |
| DETAILS OF NEXT OF KIN OR PERSON WHO CAN BE CONTACTED IN CASE OF AN EMERGENCY   |   |  |                           |
| 23) *Name (Family name, Given name):  |   | 24) *Relationship (e.g. Mother, Wife, Friend): |                           |
| 25) *Address (If same as seafarer, state "same as above"):  |   |  |                           |
| 26) *Address Line 1   |   |  |                           |
| 27) Address Line 2  |   |  |                           |
| 28) * Town/City   |   | 29) * County/State                             |                           |
| 30) Post/Zip Code (if available)  |   |  |                           |
| 31) *Country  |   |  |                           |
| 32) Tel:  |   | 33) Fax: (if available)                        | 34) Email: (if available) |

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51) Seafarer's shall receive familiarization and basic training or instruction in accordance with section A-VI/1 of the STCW code. The following certificate/s \* must be included with this application evidencing the applicant's proficiency in the following Emergency, Occupational Safety, Medical Care and Survival Functions.

(please tick in boxes below):

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Regulation VI/1-1 Competence in personal survival techniques      | <input type="checkbox"/> | Regulation VI/1-4 competence in personal safety and social responsibilities |
| <input type="checkbox"/> | Regulation VI/1-2 Competence in fire prevention and fire fighting | <input type="checkbox"/> | Regulation VI/5 - Proficiency for Ship Security Officers **                 |
| <input type="checkbox"/> | Regulation VI/1-3 Competence in elementary first aid              |                          |   |

\* Applicant's proficiency as per regulations VI/1, 1-4 may be evidenced by one certificate covering all functions, or by certificates showing each function separately.

\*\* For candidates for a certificate of proficiency as a ship security officer

52) REASON FOR REPLACEMENT OR RENEWAL

|                          |   |                          |   |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | No more room for entries                  | <input type="checkbox"/> | Document has been lost (please explain circumstances of loss below) |
| <input type="checkbox"/> | Document is now expired                   | <input type="checkbox"/> | Document has been damaged   |
| <input type="checkbox"/> | Requires amending (state amendment below) | <input type="checkbox"/> | Other (please explain in the box below)                             |

Details:

### 53) PART C – DECLARATION – TO BE COMPLETED BY ALL SEAFARERS

I hereby declare that the information contained on this application is true and correct and I apply for the Seafarers documents requested. If I am applying for a Certificate of Endorsement issued under STCW Convention, Regulation II/2, III/3 OR III/4 or issued under VII/1 at Management Level, I have familiarised myself with St. Kitts & Nevis Maritime Legislation as available on the website [www.StKittsNevisRegistry.net](http://www.StKittsNevisRegistry.net). I am aware that if I submit fraudulent documents, I may be banned from serving on St. Kitts & Nevis ships and liable for prosecution.

Signature of Seafarer

Date of Application

Please keep your signature within the box and sign without touching any of the box lines

### PART D – SUPPORTING DOCUMENTS REQUIRED WITH APPLICATION

| *SUPPORTING DOCUMENTS REQUIRED (all applications):              |  | Attached<br>(please tick) | For Official<br>use |
|---|--|---------------------------|---------------------|
| 1   | Copy of passport – showing personal details of Applicant as per those entered on this Application Form                                     |                           |                     |
| 2   | 2 x Passport size photos - with applicants name printed on the reverse   |                           |                     |
| 3   | Valid Medical Fitness Certificate (the medical examination must be carried out no more than 18 months before this application)             |                           |                     |
| 4   | Copies of training certificates (as outlined in 51), above)  |                           |                     |
| 5   | Payment or Proof of payment of Fees  |                           |                     |
| 6   | Any other documentation SKANReg may deem necessary for this application (if requested)   |                           |                     |
| <b>In addition - for Continuous Discharge Certificate (CDC)</b> |  |                           |                     |
| 7   | Current CDC (if requesting renewal/replacement)  |                           |                     |
| <b>In addition - for Certificate of Endorsement (CoE)</b>       |  |                           |                     |
| 8   | Copy of current Certificate of Competency (COC) from the home country of the applicant or a country listed in the "White List" of the IMO. |                           |                     |
| 9   | Copy of current additional Endorsement (GMDSS, Tanker, etc) (if applying for this)   |                           |                     |
| 10  | Proof of Sea Service – copy of sea service certificates or pages from seaman's book showing personal details and ranks served              |                           |                     |
| 11  | Current CoE (if applying for extension)  |                           |                     |

#### EXPLANATORY NOTES FOR APPLICANTS:

- 1) All information must be printed in CAPITAL LETTERS in black ink or by typing.
- 2) Failure to complete the Application Form fully or submit the required documentation may result in rejection or delays in processing.
- 3) Applicants must sign in the box shown, keeping their signature within the box lines.
- 4) Item (11) – Passport – This must be a National Passport. If a National Identity Card or Seaman's Passport is submitted, this must be recognised by the issuing authority as a travel document i.e. can be used in lieu of a National Passport.
- 5) Applicants may initially submit their application by scanning the Application Form and supporting documents and submitting by email to [mail@StKittsNevisRegistry.net](mailto:mail@StKittsNevisRegistry.net). The original can be forwarded by mail/courier.
- 6) All supporting documents submitted must be clear copies and legible.
- 7) For an up to date status on the IMO "Whitelist" see [www.imo.org](http://www.imo.org)
- 8) Endorsements issued by SKANReg will have the same expiry date as the Certificate whose recognition they attest, up to a maximum of 5 years.
- 9) Applicants for Endorsements, must be in possession of, or have applied for, a St. Kitts & Nevis CDC.
- 10) Application Fees will NOT be returned if incorrect information or documentation is submitted.
- 11) For more information see the website [www.StKittsNevisRegistry.net](http://www.StKittsNevisRegistry.net)

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