# APPLICATION FORM

*ENDORSEMENT CERTIFICATE / EQUIVALENT CERTIFICATE / DANGEROUS CARGO ENDORSEMENT (As per STCW 1978, as amended)*

*The Chief Examiner of Engineers,*
*Directorate General Ports & Shipping Wing,*
*Ministry of Maritime Affairs,*
*Karachi.*

*Through Principal Officer, Mercantile Marine Department, Karachi.*

*Particulars of Candidate.*

Name in full (Block letters) .....

Address .....

.....

Tel. No. ..... CNIC No. .....

Date of Birth ..... Seafarer Service Book No. .....

Certificate of Competency No. ..... Grade .....

Issued by Maritime Administration .....

Date & Place of Issue ..... Endorsement Valid up to .....

Dangerous Cargo Endorsement required: ☐ Oil tanker ☐ Chemical tanker ☐ Liquefied gas tanker

Sea service or equivalent in preceding five years / Tanker service for D.C.E.

| Name of Ship | Type of Ship | Port of Registry | Registered power kW | Rank | Date From | To |
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Note: Strike out whichever is not applicable.

*Documents attached.*

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| a. Certificate of competency | (Photocopy) |
| b. Eye sight MMD certificate | (Photocopy) |
| c. Medical fitness certificate (Form Med01) | (2 No. Original) |
| d. Advanced fire fighting | (Photocopy) |
| e. Medical first aid | (Photocopy) |
| f. Proficiency in survival craft and rescue boats | (Photocopy) |
| g. Proof of sea service or equivalent | (Photocopy) |
| h. Photographs | (2 Nos.) |
| i. Advanced tanker training (STCW V/1-1 or V/1-2) for D.C.E. | (Photocopy) |
| j. Any others | |

Date .....

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**Applicant Signature**

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**MMD No.** .....

Receipt No. ..... Rs. ..... Dated .....

Forward to the Chief Examiner of Engineers, Directorate General Ports & Shipping Wing, Karachi.

Date .....

Principal Officer
Mercantile Marine Department,
Karachi.

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**For use by Directorate General Ports & Shipping Wing.**

Application received on .....

Eligible for Endorsement Cert. / Equivalent Cert. / D.C. Endorsement. Yes / No

Reasons for refusal .....

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Endorsement Certificate No. .....Valid up to .....

Equivalent Certificate No. .....Valid up to .....

D.C. Endorsement issued on .....Valid up to .....

Medical Certificate valid up to .....

Date ..... Signature