



Picture in
color

(3 x 3 cm)

REPUBLIC OF PANAMA
PANAMA MARITIME AUTHORITY – DIRECTORATE GENERAL OF SEAFARERS
APPLICATION FOR CERTIFICATE OF COMPETENCY FOR MERCHANT MARINE OFFICERS AND RATINGS

Name (First)	Middle name	Surname
Passport N°	Nationality	
Country of birth	City	Date of birth Day – Month – Year
Applicant	Mailing Address	Employer
Detail of Certificate of Competency requested		
Function	Level	Limitations Applying (if any)
Capacity	Limitations Applying (if any)	
IF YOU ARE RATING INDICATE POSITION		
REQUESTED ENDORSEMENTS		
Chapter V		
1. Regulation V/1 Tanker ship STCW/'78/'95		
A. Oil Tanker		_____
B. Chemical Tanker		_____
C. Liquefied Gas Tanker		_____
2. Regulation V/2 Ro-Ro Passengers ship STCW/'78/'95		_____
3. Regulation V/3 passengers STCW/'78/'95		_____
COURSES REQUIRED ACCORDING TO STCW -'78/'95		
Chapter VI		
1. Regulation VI/1 Familiarization, basic safety training and instruction for all seafarers		_____
2. Regulation VI/2 Certificates of proficiency in survival craft rescue boats and fast rescue boats		_____
3. Regulation VI/3 Training in advanced fire fighting		_____
4. Regulation VI/4 Medical first aid and medical care		_____
5. GMDSS Operator Course		_____
6. Radar Course		_____
7. Arpa		_____
8. Other _____		_____

Applicant Signature and Date		
FOR EXCLUSIVE OFFICE USE		

Signature of Duly Authorized Officer		