|  |  |  |
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|  | ***Schepenbeheer Antwerpen****Posthoflei 5, B-2600 Berchem**tel. +32 (0)3 286 68 90* *e‑mail**:**stcw95@mobilit.fgov.be* | **Section for administration** |
| **Dossier** |  |
| **Stamnummer koopvaardij** |
|  |

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| **Application Belgian Certificate of Competence STCW****Capacity:** |

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| --- |
| Personal data |
| Name |  |
| Given names |  |
| Place and country of birth  |  |
| Date of birth (dd.mm.yyyy) |  |
| Nationality |  |
| Passport number |  |
| Home address: Street, number |  |
| Postal code, city, country |  |
| E-mail-address  |  |  |
| Requested document language | [ ]  Dutch + English | [ ]  French + English |

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| Details on maritime education |
| Maritime institute |  |
| Highest certificate received  |  |
| Number of certificate |  |

|  |
| --- |
| Other certificates  |
| Type  | Issuing country  | Number  | Date of issue | Valid until | Restricted  | General  |
| Medical fitness certif. |       |       |       |       |  |  |
| GMDSS  |       |       |       |       | [ ]  ROC | [ ]  GOC |

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| Attachments (copies or scans to be attached) - (\*) if applicable  |
| [ ]  2 recent photographs (JPG) | [ ]  medical fitness certificate seafarers | [ ]  certificate(s) of sea service |
| [ ]  international passport | [ ]   | [ ]  GMDSS  |
| [ ]  certificate maritime education | [ ]  documentary evidence or CoP (\*1) | [ ]  refresher courses (\*) |
| (\*1): Cert. of Proficiency or training cert: ECDIS, Adv. Fi-Fi, Medical First Aid / Med. Care, Prof in survival craft, Security Awareness  |

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| Signature  |
| Signature seafarer: | Date of application:  |
|  | **14.05.2018** |
| Or signature “designated person”: | Name / stamp company: |
|  |  |
|  | **F12-V04-05-2018** |