

**GOVERNMENT OF ANTIGUA AND BARBUDA****DEPARTMENT OF MARINE SERVICES AND
MERCHANT SHIPPING (ADOMS)****APPLICATION FOR SEAFARER'S DOCUMENTS**

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FOR OFFICIAL USE ONLY	ID:			
	SFB:	End. D:	End. E:	End. R:
Photograph	exp. date:	exp. date:	exp. date:	exp. date:
	Remarks:			

PART I. PERSONAL DESCRIPTION	2. First Name	3. Date of Birth		
1. Name				
4. Address				
5. Name, address and relationship of person to be notified in case of emergency	6. Citizenship	7. Complexion	8. Height	
	9. Weight	10. Color of Eyes	11. Color of Hairs	

PART II. DESCRIPTION OF ANTIGUA AND BARBUDA AND NATIONAL LICENSE NOW HELD					
12.	law I/10(1); I/11; I/15	Number	Date issued	Date expires	Country issued by
(a) Antigua and Barbuda					Antigua and Barbuda
(b) National Certificate					
Endorsement					

PART III. ELIGIBILITY BASIS ON WHICH APPLICATION IS MADE	
Complete either A, B, C or D, whichever is appropriate, by placing an "X" in the proper box.	
A	I hereby apply for the issuance of an Antigua and Barbuda Endorsement STCW Deck/Engine in a grade equivalent to my national certificate and endorsement, described in Part II (b), above.
B	I hereby apply for renewal/revalidation of my Antigua and Barbuda Endorsement STCW Deck/Engine described in Part II (a), above.
C	I hereby apply for the issuance/revalidation of an Antigua and Barbuda Endorsement GMDSS.
D	I hereby apply for the issuance/revalidation/renewal of an Antigua and Barbuda Seafarer's Book.
E	I hereby apply for the issuance of an Antigua and Barbuda Endorsement for Special Qualification i.a.w. Reg. V/1 or Reg. VI/5 of the STCW convention.
13. The documents indicated in the checklist are enclosed.	
Passport Number _____ expiry date: _____	
14. Name/owner of vessel on which now serving or will join:	

PART IV. AFFIDAVIT OF APPLICATION	
It is affirmed that all information provided in this application and its supporting documents and proofs is true and correct to the best of my knowledge and belief and in compliance with the requirements of STCW, Reg. I/14; further, that no certificate issued heretofore by any Government has ever been revoked or suspended; or, if revoked or suspended, a full explanation of the circumstances is attached hereto and made a part of this application.	
15. Date, Signature of Applicant and stamp of Filing Agent or Crewing Agent or Shipping Company:	16. Evidence of verification: I herewith confirm that the documents submitted with this application have been verified for compliance with Antigua & Barbuda requirements for certification: Date, Stamp and Signature of Filing Agent

FAILURE TO FILL IN ALL APPLICABLE BOXES MAY RESULT IN REJECTION OF APPLICATION



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PART V. SEA SERVICE (list and submit proof of least the minimum service required during the last five years or more to establish eligibility for the certificate requested. If you list service aboard Antigua and Barbuda Flag Vessels in an officer capacity, you must describe the Antigua and Barbuda Certificate held in Part II (a).)

Name of Vessel	Deck Officers list GT, Engineers list power (kW)	Flag	Name of Crewing Agent/Shipping Company	Capacity in which served	PERIOD OF SERVICE						TOTAL SERVICE		
					From			To			years	months	days
					day	month	year	day	month	year			

PART VI. NAUTICAL, ENGINEERING OR RADIO SCHOOLS ATTENDED

Name of School	Address	Dates attended		Type of degree of Diploma received upon Graduation
		From	To	