



## ANNEX 6

NOTIFICATION OF COMPLETION OF A NATIONAL SMALL VESSEL  
CERTIFICATE OF COMPETENCY EXAMINATIONAPPLICATION TO THE REGISTRAR FOR THE ISSUE OF A  
NATIONAL SMALL VESSEL CERTIFICATE OF COMPETENCY**A. PERSONAL PARTICULARS OF APPLICANT**

Surname:.....

First Names.....

ID.....

Height:..... Eye Colour:..... Hair Colour:.....

Permanent Address: ..... Postal Address: .....

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Telephone No (H).....(W).....(Cell).....

Email Address:.....

Current certificate held ..... No. ....

**B. APPLICATION FOR A SMALL VESSEL CERTIFICATE OF COMPETENCY**

I, the applicant, hereby make application for examination towards the following grade of small vessel certificate of competency or endorsement, as applicable:

GRADE OF CERTIFICATE	Circle	✓
Skipper Inland Waters (Restricted)	<9m or ≥ 9m	
Skipper Inland Waters	<9m or ≥ 9m	
Day Skipper – Local Waters (Restricted)	<9m or ≥ 9m	
Day Skipper Category E	<9m or ≥ 9m	
Day Skipper Category C	<9m or ≥ 9m	
Day Skipper Category B	<9m or ≥ 9m	
Coastal Skipper	<9m or ≥ 9m	
Skipper Offshore	<9m or ≥ 9m	

TYPE OF ENDORSEMENT	✓
Commercial Dive Skipper Endorsement	
Passenger Vessel (Restricted) Endorsement	
Passenger Vessel (Unrestricted) Endorsement	
Surf Launching Endorsement	
Sailing Vessel Endorsement	
Commercial Night Endorsement	

Name and Surname of Applicant	Signature of Applicant	Date	Place	Fee Paid

Annex 6: Page 1 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING SUPPORTING DOCUMENTATION**

<b>Grade</b> Small Vessel Certificate of Competency or Endorsement		Skipper - Inland Waters (Restricted)	Skipper - Inland Waters	Day Skipper - Local Waters (Restricted) (<9m or ≥9m)	Day Skipper - Category E (<9m or ≥9m)	Day Skipper - Category C (<9m or ≥9m)	Day Skipper - Category B (<9m or ≥9m)	Coastal Skipper (<9m) [Cat B: Day and night]	Coastal Skipper (≥9 metres ) (Pleasure <100GT)	Coastal Skipper (≥9 metres )(Commercial <25GT)	Skipper Offshore (<9 metres)	Skipper Offshore (≥9 metres)(Pleasure <100GT)	Skipper Offshore (≥9 metres)(Commercial <25GT)	Surf Launch Endorsement	Commercial Dive Skipper Endorsement	Sailing Vessel Endorsement	Passenger Vessel Endorsement (Un restricted)	Passenger Vessel Endorsement (Restricted)	Commercial Night Endorsement (Signed by P.O.)
		Copy of ID Document	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minimum Age (18 for all commercial vessel CoC)	16			16	16	16	16	16	18	16	16	18	16	16	16	18	18	18	18
2x Photos	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical from any Doctor*	X			X	X	X											X		
Medical on Prescribed Form* (Annex 17)								X		X	X								
SAMSA Medical* (Approved doctor)									X			X				X			
Doctor or Optometrist Eye test*					X	X											X		
SAMSA Eyesight test*									X			X				X			
Proof of experiential training (Sea or Inland)***	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Liferaft (1 Day)								X		X	X								
Proficiency in Liferaft Course												X				X			
Elementary First Aid or Level II								X		X	X						X		
First Aid at sea									X			X				X			
Fire Fighting, Small V/ls (1 Day course)								X		X	X						X		
Fire Fighting (2 Day course)									X			X				X			
R/T Certificate								X	X	X	X	X				X			
Endorsements	Surf Launch Exam												X						
	Dive qualification or exam													X**					
	Sailing Exam (SAS)														X				
Written Motivation																X	X	X	
Other documents																			

\*See SAMSA policy regarding eyesight and medical tests for further guidance.

\*\* See SAMSA policy regarding alternative requirements for the Commercial Dive Skipper endorsement.

\*\*\* See SAMSA policy regarding the duration of experiential training. Supply accredited training institution pass certificate, if applicable.

Annex 6: Page 2 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**EXAMINERS REPORT****C. NATIONAL CERTIFICATE TO BE ISSUED****(Indicate which certificate and/or endorsement the candidate is to be issued)**

Skipper Inland Waters (Restricted)*	<9m or ≥ 9m	(Wording details below)	<input type="checkbox"/>
Skipper Inland Waters	<9m or ≥ 9m	(Wording details below)	<input type="checkbox"/>
Day Skipper – Local Waters (Restricted)*	<9m or ≥ 9m	(Wording details below)	<input type="checkbox"/>
Day Skipper Category E	<9m or ≥ 9m	(Std wording)	<input type="checkbox"/>
Day Skipper Category C	<9m or ≥ 9m	(Std wording)	<input type="checkbox"/>
Day Skipper Category B	<9m or ≥ 9m	(Std wording)	<input type="checkbox"/>
Coastal Skipper	<9m or ≥ 9m	(Std wording)	<input type="checkbox"/>
Skipper Offshore	<9m or ≥ 9m	(Std wording)	<input type="checkbox"/>
Commercial Dive Skipper Endorsement		(Std wording)	<input type="checkbox"/>
Passenger Vessel (Restricted) Endorsement*			<input type="checkbox"/>
Passenger Vessel (Unrestricted) Endorsement *			<input type="checkbox"/>
<i>(Passenger endorsements may include a night endorsement, provide details below)</i>			
Surf Launching Endorsement (Details below)*			<input type="checkbox"/>
Sailing Vessel Endorsement (Std wording)			<input type="checkbox"/>
Commercial Night Endorsement (Details below)*(TO BE SIGNED BY THE P.O. ONLY)			<input type="checkbox"/>

\*Details of any restrictions (as per policy document) on those national certificates indicated above:

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**C. The following copies of documentation are submitted in support of the application**

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|-----|---|--------------------------|
| 1)  | Valid Identity Document and two photographs.  | <input type="checkbox"/> |
| 2)  | Valid SAMSA or optometrist's eyesight test  | <input type="checkbox"/> |
| 3)  | Valid Medical or Doctor's Certificate   | <input type="checkbox"/> |
| 4)  | Valid fire-fighting certificate <i>(If required)</i>  | <input type="checkbox"/> |
| 5)  | Valid liferaft certificate <i>(If required)</i>   | <input type="checkbox"/> |
| 6)  | Valid First Aid Certificate issued <i>(If required)</i>   | <input type="checkbox"/> |
| 7)  | Restricted Radiotelephone Operators Certificate issued by ICASA <i>(If required)</i>  | <input type="checkbox"/> |
| 8)  | Surf launching certificate <i>(If required)</i>   | <input type="checkbox"/> |
| 9)  | Dive qualification <i>(If required)</i>   | <input type="checkbox"/> |
| 10) | Sailing qualification <i>(If required)</i>  | <input type="checkbox"/> |
| 11) | The prescribed fee.   | <input type="checkbox"/> |
| 12) | Proof of sea service  | <input type="checkbox"/> |
| 13) | Copy of approved training (required if a reduction of sea service is claimed)   | <input type="checkbox"/> |
| 14) | Copy of Interim Certificate issued  | <input type="checkbox"/> |
| 15) | Any other (e.g. SAS certificate, proof of pass issued by another examiner, Certificate issued by an accredited institution etc) | <input type="checkbox"/> |

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**D. Exam Results**

<b>WRITTEN EXAM</b>	SECTION	SECTION 1			SECTION 2			SECTION 3		
	TOTAL MARKS ALLOTTED									
	PASS MARK	60%			60%			50%		
	MARKS OBTAINED									
	WRITTEN EXAM RESULT	Pass	Fail	Exempt	Pass	Fail	Exempt	Pass	Fail	Exempt
ORAL EXAM		Pass				Fail				
PRACTICAL EXAM		Pass			Fail			Exempt		
<b>EXAMINATION RESULT</b>		<b>COMPETENT</b>				<b>NOT YET COMPETENT</b>				
<p style="text-align: center;">Examiner Declaration:</p> <p>I, the examiner, hereby certify that I have checked the experiential training requirement (sea or inland waters) and audited the documents provided by the candidate and I am satisfied that the requirements of the National Small Vessel Examination Regime have been met for the desired grade of certificate or endorsement, and that the particulars contained therein are correct.</p> <p>Furthermore, I certify that the candidate has been examined, in accordance with the National Small Vessel Examination Regime, and declare the applicant's results in the above table.</p> <p>Where candidates have been found competent, I request the Registrar to issue the applicant with the applicable grade of certificate, as per the application and the interim certificate of competency. [All applications must be submitted to the registrar, even those that have been found 'NOT YET COMPETENT'.]</p>										
Examiner Name and Surname		Examiner Signature		Examiner's SAMSA Number		Date		Place		

**E. FOR SAMSA OFFICE USE ONLY**

Fee Received	Receipt No	Date
Registrar of Seafarers: Application Processing Details		
Date Received	Date Processed	Clerk Name
<b><u>Notes (if applicable):</u></b>       		