

The Commonwealth of Dominica  
Office of the Maritime Administrator



**CDMP-5000-RE**  
**Marine Personnel Application Package**  
**for**  
**Rating Endorsement**



**THE COMMONWEALTH OF DOMINICA**  
Office of the Maritime Administrator

**APPLICATION FOR RATING PERSONNEL – ENDORSEMENT OF FOREIGN CERTIFICATE**

**MAKE SURE ALL BOXES ARE COMPLETED. TYPE OR PRINT CLEARLY.**

**PART I. PERSONAL DESCRIPTION AND INFORMATION:**

|   |                         |                   |  |  |
|---|-------------------------|-------------------|--|--|
| 1. Last Name (Family Name)                                      | First Name (Given Name) | Middle Initial    | 2. Date of Birth<br>day month year               | 3. Place of Birth (City and Country)                                     |
| 4. Permanent address (street, city and country)                 |                         |                   | 5. Address to which certificate is to be mailed. |  |
| Telephone: _____ Email: _____                                   |                         |                   | Telephone: _____ Email: _____                    |  |
| 6. Name and relationship of person to be notified in emergency. |                         | 7. Citizenship    | 7a. Passport Number                              |  |
| Telephone: _____ Email: _____                                   |                         | 8. Height         | 9. Weight  | 10. Hair Color   |
|   |                         | 11. Color of eyes | 12. Distinguishing Marks                         | 13. Sex<br><input type="checkbox"/> Male <input type="checkbox"/> Female |

**PART II. DESCRIPTION OF CURRENTLY HELD RATING CERTIFICATE:**

|             | Rating Endorsement Level | Certificate # | Date Issued | Date Expires | Country of issue |
|-------------|--------------------------|---------------|-------------|--------------|------------------|
| a. Dominica |                          |               |             |              | Dominica         |
| b. Foreign  |                          |               |             |              |                  |

**PART III. APPLICATION TYPE – ORIGINAL OR RENEWAL**

Mark all that apply below, by placing an "X" in the proper box.

I HOLD A FOREIGN RATING CERTIFICATE AND AM APPLYING FOR (Choose 1):

|  |   |
|--|---|
| <input type="checkbox"/> Seafarer's Identification & Discharge Book* - FIRST ISSUE | <input type="checkbox"/> Seafarer's Identification & Discharge Book* - RENEWAL<br>Current Book #: _____ |
|--|---|

\*For Part III above, please choose grade/level of certificate/identification document desired and any special training applicable:

**DECK**

- II/4 - Navigation Watch Rating
- II/5 - Able Seafarer Deck
- VI/1-4 – Ordinary Seaman
- Rating – OTHER, please specify \_\_\_\_\_

**ENGINEERING**

- III/4 - Engineering Watch Rating
- III/5 – Able Seafarer Engine
- III/6 – Electro-Technical Rating
- Rating – OTHER, please specify \_\_\_\_\_

**Special Qualification/Training**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> V/1 – Tanker Personnel  | <input type="checkbox"/> V/2 – Personnel Passenger Vessels | <input type="checkbox"/> VI/6 – Security Awareness Training or Security Training |
| <input type="checkbox"/> Oil <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Chemical |  |  |

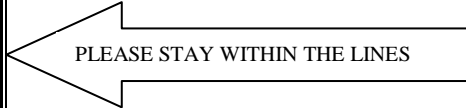


**PART VI. IDENTIFICATION INFORMATION**

MARINER APPLICANT FULL NAME : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PASSPORT# \_\_\_\_\_

Signature: Please use the space below to sign your name clearly, without touching any of the box lines. This signature will be transferred to your Seafarer's ID book.



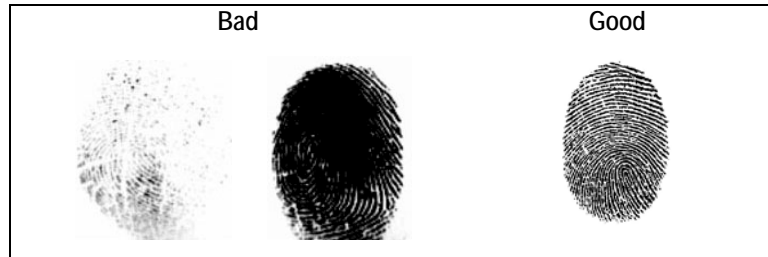
**PHOTO**  
 - ORIGINAL COLOR PHOTO  
 - CLEAR RESOLUTION

Thumbprint: Please use the spaces below for 2 copies each of your left and right thumbprint. Using a traditional blue or black inkpad, roll your thumb from the outer edge over to the right edge in the inkpad and then in the space below, roll from left to right onto the paper to create a clear imprint (repeat the process of inking and transferring for each imprint). We are asking for multiple imprints, so we may select the clearest one for imprinting on your Seafarer's ID book.

| LEFT THUMB   |              | RIGHT THUMB  |              |
|--------------|--------------|--------------|--------------|
| Thumbprint 1 | Thumbprint 2 | Thumbprint 1 | Thumbprint 2 |
|              |              |              |              |

**EXAMPLES**

Please note that applications that are submitted with unacceptable photo, thumbprint or signature shall be returned to the applicant for resubmission.



**PART VII**

**GENERAL INFORMATION AND INSTRUCTIONS**  
**APPLICATION FOR STCW95 CERTIFICATE OF PROFICIENCY, SID BOOK & TRAINING RECORD BOOK**

1. **READ INSTRUCTIONS CAREFULLY.** Enter all required information. Please use computer, typewriter or print legibly. Failure to properly complete this application or to submit required supporting proofs, etc. will result in rejection of the application or delay its approval. PLEASE DO NOT STAPLE THE APPLICATION OR ITS ATTACHMENTS.

2. **WHERE TO APPLY.** Applications must be submitted, by mail or in person, to:

**Dominica Maritime Registry, Inc., Attn: Mariner Department**  
**32 Washington Street, Fairhaven, Massachusetts 02719 USA**

3. **GENERAL INFORMATION**

1. National certificates from the countries on the IMO White List ([http://www.imo.org/includes/blastDataOnly.asp/data\\_id%3D26383/1163-Rev-4.pdf](http://www.imo.org/includes/blastDataOnly.asp/data_id%3D26383/1163-Rev-4.pdf)) are recognized for the issuance of equivalent Dominica Endorsements under the provisions of STCW95. Please note that Dominica may experience delays in acquiring verification from some Flag Administrations, which may delay the issuance of Permanent COCs and Endorsements. Temporary Certificates of Receipt of Application can be issued by Dominica for periods of 90 days for a fee and may be renewed at cost for up to a full period of "1" year.
2. This application is subject to the approval of the Maritime Administrator, Commonwealth of Dominica. In the event approval is not granted, all application documents together with the issuance fee shall be returned to the applicant at the mailing address indicated. If the application is approved, the issued certificate/identification book will be sent to the mailing address indicated. The 'certified copy' of Form CDMP-5000B is to be retained by the seafarer as evidence that the application is being processed.
3. Seafarer's ID and Discharge Book: This identification document conforms to the requirements of the International Labor Organization (ILO) Convention No. 108 (Seafarer's Identity Documents Convention, 1958). It is issued to seafarers of Commonwealth of Dominica flag vessels for use when traveling to or from an assigned vessel or pursuant to instructions from the master of such a vessel. Other uses of the book must be in conformity with Commonwealth of Dominica regulations. ILO 108 does not in any way restrict the right of a member nation from preventing any particular individual from entering or remaining in its territory.
4. Seafarer's Identification Document & Discharge Book and Training Record Books are issued under the authority of Chapter 8 of International Maritime Act 2000, as amended. The SID and TRB remains the property of the Maritime Administrator and may be withdrawn at any time. It may not be altered in any way nor be allowed to pass into the possession of an unauthorized person. If the TRB becomes filled with entries, requires alteration, becomes damaged, application for a replacement TRB should be made immediately. If the SID/TRB is stolen, lost, or accidentally destroyed, notification should be given immediately to any office of the Maritime Administrator, and an application for a replacement SID/TRB may be made.
5. **AGE AND CITIZENSHIP REQUIREMENTS.** Applicants for Certificate of Competences as OICNW, OICEW, Radiotelegraph Operator, Radio Telephone Operator and GMDSS Operator must be at least 18 years of age; applicants for all other grades of certificates must be at least 20 years of age. Applicants may be of any nationality and need not be citizens or residents of the Commonwealth of Dominica.
6. **TRAINING AND SEA SERVICE REQUIREMENTS.** Applicants for Dominica certificate or endorsement must meet the applicable training and sea-time requirements. Appendix A lists these requirements by STCW regulation number, including training required for personnel on certain types of ships.
7. This application is subject to the approval of the Maritime Administrator, Commonwealth of Dominica. In the event approval is not granted, the documents listed in paragraph 3 above together with the fee shall be returned to the applicant at the mailing address indicated. If the application is approved, the SID/TRB will be sent to the mailing address indicated. The 'certified copy' of Form CDMP-5000B is to be retained by the seafarer as evidence that the application is being processed.

4. **DOCUMENTS TO BE FILED WITH APPLICATION.** The following documents, letter and proofs must be submitted together with this application (See Appendix A for requirements by STCW Regulation)

- Three (3) photographs - facial front view of applicant, passport size, taken within one (1) year preceding application with applicant's signature and name printed on reverse side. Photos may be black and white or color and be 2.0" x 2.0" (50 mm. x 50 mm.) in size. Please do not staple.
- Physical Examination Report (From CDMP-5000B in this package). - The physical examination must be carried out not more than 12 months prior to date of making application.
- Identity Document - A copy of a valid passport along with a valid seaman's document from another maritime nation. A copy of these documents must be submitted with the application. Applications for renewal must include a copy of the previously issued documents as proof of identity. If the documents presented are not in the English language, a certified translation of the documents into English must also be enclosed with the application. These certified translations must identify the translator for verification purposes.
- Proof of foreign Certificate of Competence - Any foreign Certificate of Competence must have a valid "STCW Convention Endorsement" and be issued by a country recognized by the Commonwealth of Dominica. Submit original foreign certificate (which will be promptly returned to the applicant) or a duplicate original of the foreign certificate which is relied upon; or a clear photocopy of the original authenticated by the issuing authority or by a consular officer of the issuing state; or a clear photocopy of the original plus a current certificate of the issuing authority describing the certificate and the holder so as to identify both; or a clear photocopy made by a notary public, commissioner for oaths or other officer authorized by law to administer oaths, verifying that such officer made the photocopy from the original presented to him, and attaching the customary certificate of a public official authenticating the signature of such notary, commissioner or officer.
- Proof of completion of nautical, marine engineering or radio school training - submit one (1) copy of course completion certificate, if applicable.
- Proof of foreign training certificate - radar simulator training, advanced firefighting training, GMDSS certification, first aid training, advanced medical training, survival craft/rescue boat training, and automatic radar plotting aids (ARPA) training - submit one (1) copy of foreign certificate if national Certificate of Competence does not require this training.

5. **SCHEDULE OF FEES.**

| Certification Requirement                       | Fee                      | Renewal/Re-Test |
|---|--------------------------|-----------------|
| Seafarer Identification and Discharge Book      | \$ 75.00                 | \$ 75.00        |
| Replacement of lost Identification Card or Book | \$ 50.00                 | n/a             |
| Courier Fees                                    |                          |                 |
| - International/Caribbean/Domestic              | \$90.00/\$ 60.00/\$50.00 | n/a             |

Payment must be made by check, credit card, wire or money order drawn on a U.S. Bank and payable in U.S. dollars to "Dominica Maritime Registry, Inc."

ATTACHMENT A:  
RATING REQUIREMENTS

**DECK RATINGS**

|  |  |
|--|--|
| <b>REG:</b><br>II/4  | <b>Rating Forming Part of a Navigational Watch</b>   |
| <b>LEVEL: SUPPORT</b>  |  |
| <b><u>General Requirements</u></b><br>Age – 16 years<br>Submit copy of Passport<br>Sea Service – 6 months or pre-sea training + 2 months sea-time<br>Submit Sea Service Letters or copies of discharge papers<br>Dominica Application and Medical Report<br>Ensure application is complete<br>Include copy(s) of any previously or currently held licenses or Certificates of Competency | <b><u>Training Requirements</u></b> (Submit copies of training certificates)<br>Basic Safety Training<br>Proficiency in survival craft<br>RFPNW Course (II/4)<br>Proficiency in fast rescue boatsΦΦ<br>Security Awareness Training<br>Security Training for Seafarers with Designated Security Duties (if applicable)<br><br><i>ΦΦProficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats</i> |

|  |  |
|--|--|
| <b>REG:</b><br>II/5  | <b>Able Seafarer Deck</b>  |
| <b>LEVEL: SUPPORT</b>  |  |
| <b><u>General Requirements</u></b><br>Age – 18 years<br>Submit copy of Passport<br>Meet the requirements of Rating Forming Part of a Navigational Watch (RFPNW)<br>6 months or pre-sea training + 2 months sea-time<br>RFPNW course completion<br>Sea Service<br>18 months while qualified as RFPNW <b>OR</b><br>12 months with approved training<br>Submit Sea Service Letters or copies of discharge papers<br>Dominica Application and Medical Report<br>Ensure application is complete<br>Include copy(s) of any previously or currently held licenses or Certificates of Competency | <b><u>Training Requirements</u></b> (Submit copies of training certificates)<br>Basic Safety Training<br>Proficiency in survival craft<br>Able Seafarer Deck course<br>Proficiency in fast rescue boatsΦΦ<br>Security Awareness Training<br>Security Training for Seafarers with Designated Security Duties (if applicable)<br><br><i>ΦΦProficiency in Fast Rescue Boats training is required only for personnel serving on ships with Fast Rescue Boats</i> |

|  |   |
|--|---|
| <b>REG:</b><br>VI/1-4  | <b>Ordinary Seaman</b>  |
| <b>LEVEL: SUPPORT</b>  |   |
| <b><u>General Requirements</u></b><br>Age – 16 years<br>Submit copy of Passport<br>Dominica Application and Medical Report<br>Ensure application is complete<br>Include copy(s) of any previously or currently held licenses or Certificates of Competency | <b><u>Training Requirements</u></b> (Submit copies of training certificates)<br>Basic Safety Training<br>Security Awareness Training<br>Security Training for Seafarers with Designated Security Duties (if applicable) |

## ENGINE RATINGS:

### REG: Rating forming part of an engineering watch

III/4 LEVEL: SUPPORT

#### General Requirements

- Age – 16 years
  - o Submit copy of Passport
- Sea Service:
  - o 6 months sea service under supervision of officer or rating, OR
  - o Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Dominica Application and Medical Report
  - o Ensure application is complete
  - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

#### Training Requirements

- Basic Safety Training
- RFPEW Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

### REG: Able seafarer engine in a manned engine-room

III/5 LEVEL: SUPPORT

#### General Requirements

- Age – 18 years
  - o Submit copy of Passport
- Must meet requirements for RFPEW-
  - o 6 months sea service under supervision of officer or rating, OR
  - o Pre-Sea Training and 2 months sea service under supervision of officer or rating
- Sea Service-
  - o 12 months served as RFPEW in the engine department OR
  - o 6 months service as RFPEW in the engine room with the completion of approved training
- Meet the standard of competence in Section A-III/5 of the STCW Code
  - o Submit completed Training Record Book for A-III/5
- Dominica Application and Medical Report
  - o Ensure application is complete
  - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

#### Training Requirements

- Basic Safety Training
- Able Seafarer Engine Training Course (if submitting with only 6 months of service as RFPEW)
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)

**REG:**

**III/7**

LEVEL: SUPPORT

## **Electro-technical ratings**

### **General Requirements**

- Age – 18 years
  - o Submit copy of Passport
- Sea Service:
  - o 12 months training and approved sea service, OR
  - o Approved training and seagoing service not less than 6 months OR
  - o Qualifications that meet the technical competences in table A-III/7 and an approved period of sea service not less than 3 months.
  - o 1/3 of sea service shall be on vessels of 750 kW or more propulsion power.
- Dominica Application and Medical Report
  - o Ensure application is complete
  - o Include copy(s) of any previously or currently held licenses or Certificates of Competency

### **Training Requirements**

- Basic Safety Training
- Electro-technical Rating Course
- Security Awareness Training
- Security Training for Seafarers with Designated Security Duties (if applicable)



**SPECIAL TRAINING REQUIRED FOR CERTAIN TYPES OF SHIPS:**

|  |                       |   |  |
|--|-----------------------|---|--|
| <b>REG:</b><br><b>V/I</b>  | <b>LEVEL: SUPPORT</b> | <b>Officers and Ratings on Tankers</b>  |  |
| <b><u>General Requirements</u></b>   |                       | <b><u>Training Requirements</u></b> (Submit copies of training certificates)  |  |
| <input type="checkbox"/> Sea service: Have at least 3 mths sea service on tankers, <b>OR</b>   |                       | <input type="checkbox"/> Tanker Familiarization course for DL, Chemical or LG |  |
| <input type="checkbox"/> Complete an approved tanker familiarization course meeting A-V/1, <b>OR</b>   |                       |   |  |
| <input type="checkbox"/> Min. 1 mth supervised sea service on < 3,000 gt tanker with less than 72 hr voyage durations and knowledge gained equal to that of a normal 3 mth service |                       |   |  |

|   |                           |  |  |
|---|---------------------------|--|--|
| <b>REG:</b><br><b>V/2</b>   | <b>LEVEL: OPERATIONAL</b> | <b>Officers and Ratings and other personnel on Passenger Ships</b>           |  |
| <b><u>General Requirements</u></b>  |                           | <b><u>Training Requirements</u></b> (Submit copies of training certificates) |  |
| <input type="checkbox"/> Designated on muster lists to assist passengers with emergency situations must complete Crowd Management training spec. in A-V/2 par. 1 prior to being assigned duties |                           | <input type="checkbox"/> Crowd Management Training                           |  |
| <input type="checkbox"/> Having specific duties on board, must complete vessel familiarization training specified in A-V/2 par. 2 prior to being assigned duties                                |                           | <input type="checkbox"/> Vessel Familiarization                              |  |
| <input type="checkbox"/> Providing direct services to passengers must complete training in communication and life-saving procedures specified in A-V/2 par. 3                                   |                           | <input type="checkbox"/> Communication                                       |  |
|   |                           | <input type="checkbox"/> Life-saving procedures                              |  |



**COMMONWEALTH OF DOMINICA**  
**Office of the Maritime Administrator**

**PHYSICAL EXAMINATION REPORT/CERTIFICATE**

|  |        |                |                               |   |  |  |  |  |
|--|--------|----------------|-------------------------------|---|--|--|--|--|
| LAST NAME OF APPLICANT   |        |                | FIRST NAME                    |   |  | MIDDLE INITIAL   |  |  |
| DATE OF BIRTH  |        |                | PLACE OF BIRTH                |   |  | SEX  |  |  |
| DAY  | MONTH  | YEAR           | CITY                          | COUNTRY   |  | <input type="checkbox"/> MALE<br><input type="checkbox"/> FEMALE |  |  |
| EXAMINATION FOR DUTY AS:   |        |                | MAILING ADDRESS OF APPLICANT: |   |  |  |  |  |
| Master <input type="checkbox"/><br>Mate <input type="checkbox"/><br>Engineer <input type="checkbox"/><br>Radio Officer <input type="checkbox"/><br>Rating <input type="checkbox"/> |        |                |                               |   |  |  |  |  |
| MEDICAL EXAMINATION (See Page 2 for medical requirements) STATE DETAILS ON Page 2  |        |                |                               |   |  |  |  |  |
| HEIGHT   | WEIGHT | BLOOD PRESSURE | PULSE                         | RESPIRATION   |  | GENERAL APPEARANCE   |  |  |
| VISION:  |        |                | RIGHT EYE                     | LEFT EYE  |  | HEARING:   |  |  |
| WITHOUT GLASSES  |        |                | _____ / _____                 | _____ / _____   |  | RT. EAR _____ LEFT EAR _____                                     |  |  |
| WITH GLASSES   |        |                | _____ / _____                 | _____ / _____   |  |  |  |  |
| COLOR TEST TYPE: BOOK <input type="checkbox"/> LANTERN <input type="checkbox"/> CHECK IF COLOR TEST IS NORMAL - YELLOW __ RED __ GREEN __ BLUE                                     |        |                |                               |   |  |  |  |  |
| HEAD AND NECK  |        |                |                               | HEART (CARDIOVASCULAR)  |  |  |  |  |
| LUNGS  |        |                |                               | SPEECH (DECK/NAVIGATIONAL OFFICER AND RADIO OFFICER) IS SPEECH UNIMPAIRED FOR NORMAL VOICE COMMUNICATION? |  |  |  |  |
| EXTREMITIES:<br>UPPER _____ LOWER _____  |        |                |                               |   |  |  |  |  |
| IS APPLICANT SUFFERING FROM ANY DISEASE LIKELY TO BE AGGRAVATED BY, OR TO RENDER HIM UNFIT FOR SERVICE AT SEA OR LIKELY TO ENDANGER THE HEALTH OF OTHER PERSONS ON BOARD?          |        |                |                               |   |  |  |  |  |
| _____<br>Signature of Applicant <span style="float:right">Date</span><br>THIS SIGNATURE SHOULD BE AFFIXED IN THE PRESENCE OF THE EXAMINING PHYSICIAN.                              |        |                |                               |   |  |  |  |  |
| THIS IS TO CERTIFY THAT A PHYSICAL EXAMINATION WAS GIVEN TO : _____<br><span style="float:right">Name of Applicant</span>  |        |                |                               |   |  |  |  |  |
| (HE) (SHE) IS FOUND TO BE (FIT) (NOT FIT) FOR DUTY AS A: (MASTER, MATE, ENGINEER, RADIO OFFICER OR RATING)   |        |                |                               |   |  |  |  |  |
| NAME AND DEGREE OF PHYSICIAN   |        |                |                               |   |  |  |  |  |
| ADDRESS  |        |                |                               |   |  |  |  |  |
| NAME OF PHYSICIAN'S CERTIFICATING AUTHORITY  |        |                |                               |   |  |  |  |  |
| DATE OF ISSUE OF PHYSICIAN'S CERTIFICATE   |        |                |                               |   |  |  |  |  |
| SIGNATURE OF PHYSICIAN _____<br><span style="float:right">Date</span>  |        |                |                               |   |  |  |  |  |

This certificate is issued by authority of the Maritime Administrator and in compliance with the requirements of the Medical Examiner (Seafarers Convention 1946 (ILO NO. 73))

