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| | **GOVERNMENT OF ANTIGUA AND BARBUDA**<br>**DEPARTMENT OF MARINE SERVICES AND MERCHANT SHIPPING (ADOMS)**<br>**Check List** | Document | FO-C14 |
| | | Revision | 06 |
| | | Page | 1 of 1 |
| | | Reference | ARP-C01 |

| 1. Family Name | 2. First Name(s) | 3. Date of Birth |
|---|---|---|
| | | |

***Note: Please attach the completed checklist to the Application FO-C01***

*Application for: STCW Endorsement ☐ Seafarer's Book ☐

| | ***Items to be checked** (*☑ where applicable) | Check1 | | Check2 | | Remarks |
|---|---|---|---|---|---|---|
| | | Yes | No | Yes | No | |
| **1** | **General** | | | | | |
| .1 | Application signed and dated by applicant/filing agent/crewing company/owner | | | | | |
| .2 | Each document is copied on one page (size A4) | | | | | |
| .3 | Documents are in English language or certified translation is attached | | | | | |
| .4 | 1 Photograph, passport size, recently taken (preferably in color) | | | | | |
| .5 | Items 1-11 completed (FO-C01 Part I) | | | | | |
| .6 | Name/Surname checked for correctness | | | | | |
| .7 | Name is spelled according to the spelling in the passport | | | | | |
| .8 | Details of Antigua and Barbuda endorsement (if available FO-C01 Part II) | | | | | |
| .9 | Description of national certificate (if available) | | | | | |
| .10 | Details of watch keeping endorsement (if available) | | | | | |
| .11 | Certificates issued by a country stated on the IMO list | | | | | |
| .12 | Requirement(s) marked correctly in A; B; C; D; E; F (FO-C01 Part III) | | | | | |
| .13 | Items 16 and 17 completed (FO-C01 Part IV) | | | | | |
| .14 | Schools attended completed (for officers only, FO-C01 Part VI) | | | | | |
| .15 | Check of ADOMS online database to avoid duplication (only by filing agent Check 1) | | | | | |
| .16 | Confirmation that seafarer has adequate communication skill in the English language | | | | | |
| **2** | **Application for the issuance of a Seafarer's Book** | | | | | |
| .1 | Copy of passport | | | | | |
| .2 | Valid medical certificate issued by an approved medical practitioner in accordance with Reg. I/9 of STCW 1978, as amended | | | | | |
| .3 | Proof of sea service (minimum of 6 months) or | | | | | |
| .4 | Basic Safety Training Certificate | | | | | |
| .5 | Confirmation that applicant will serve on a vessel under A&B flag<br>(FO-C01, Part III, N° 14: name/owner of vessel on which now serving or will join) | | | | | |
| | | | | | | |
| **3** | **Application for the issuance of a STCW Endorsement** (**in addition to all documents stated under 2**) | | | | | |
| .1 | National Certificate of Competency/endorsement, authenticity and validity **confirmed by the issuing administration which is Party to the STCW Convention** | | | | | |
| .2 | Sea service (minimum of 1 year during the last 5 years), proof available and checked | | | | | |
| .3 | • Part V of Form FO-C01 **or** | | | | | |
| .4 | • Printout of sea service records | | | | | |
| .5 | Alternatively, proof of participation in an adequate refresher course | | | | | |
| .6 | Qualification of applicant sufficient for the endorsement applied for | | | | | |
| .7 | Declaration of familiarization (FO-C13) (management level only) | | | | | |
| | | | | | | |
| **4** | **Application for the issuance of a GMDSS Endorsement (in addition to all documents stated under 2)** | | | | | |
| .1 | National GMDSS certificate, authenticity **confirmed by the issuing administration which is Party to the STCW Convention** | | | | | |

| Check No. | Conducted by | Name (in print) | Place | Date | Result*++ | | Initial |
|---|---|---|---|---|---|---|---|
| | | | | | positive | negative | |
| 1 | Filing Agent | | | | | | |
| 2 | ADOMS Oldenburg | | | | | | |

| Certificate of Receipt of Application (CRA) | | | | |
|---|---|---|---|---|
| CRA No. | Date | sent by e-mail | sent by fax | Initial |
| | | | | |

* please tick ☑ where applicable

++ If verification result is negative complete Form FO-C09 "Rejection of Application" and inform applicant;
If verification result is positive, proceed processing of application.