



ANNEX 6

NOTIFICATION OF COMPLETION OF A NATIONAL SMALL VESSEL CERTIFICATE OF COMPETENCY EXAMINATION



APPLICATION TO THE REGISTRAR FOR THE ISSUE OF A NATIONAL SMALL VESSEL CERTIFICATE OF COMPETENCY

A. PERSONAL PARTICULARS OF APPLICANT

SASCA Ref.no.

SAMSA Interim no.

Surname:.....

First Names:.....

Id number;

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

Permanent Address: Postal Address:

.....
.....

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	<9m	
Day Skipper Category E	<9m	
Day Skipper Category C	<9m	
Day Skipper Category B	<9m	
Coastal Skipper Category B	<9m	

TYPE OF ENDORSEMENT	✓
Commercial Dive Skipper Endorsement	
Surf Launching Endorsement	

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

APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING SUPPORTING DOCUMENTATIONS

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Grade Small Vessel Certificate of Competency or Endorsement		Skipper - Inland Waters (Restricted)	Skipper - Inland Waters	Day Skipper - Local Waters (Restricted) (<50m or 20kn)	Day Skipper - Category E (<50m or 20kn)	Day Skipper - Category C (<50m or 20kn)	Day Skipper - Category B (<50m or 20kn)	Coastal Skipper (<50m) [Cat B: Day and night]	Surf Launch Endorsement	Commercial Dive Skipper Endorsement
Copy of ID Document x2				X		X	X	X	X	X
Minimum Age (18 for all commercial vessel CoC)				16		16	16	16	16	16
4x colour ID Photos with white background				X		X	X	X	X	X
Medical from any Doctor*				X		X	X	X		
Medical on Prescribed Form* (Annex 17)										
SAMSA Medical* (Approved doctor)										
Doctor or Optometrist Eye test*							X	X		
SAMSA Eyesight test*										
Proof of experiential training (Sea or Inland)***				X		X	X	X	X	X
R/T Certificate										
Endorsements	Surf Launch Exam								X	
	Dive qualification or exam									X**

PRACTICAL EVALUATION DETAILS.

Date of practical evaluation: ____ / ____ / 20 ____ Examiner: _____ Signature: _____

Venue for inland waters practical: _____ SAMSA Examiner no: _____



Date of practical evaluation: ____ / ____ / 20 ____ Examiner: _____ Signature: _____

Venue for Sea practical: _____ SAMSA Examiner no: _____



Date of practical evaluation: ____ / ____ / 20 ____ Examiner: _____ Signature: _____

Venue for Surf Endorsement final practical assessment: _____ SAMSA Examiner no: _____



Date of practical evaluation: ____ / ____ / 20 ____ Examiner: _____ Signature: _____

Venue for Dive skippers practical assessment: _____ SAMSA Examiner no: _____



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EXAMINERS REPORT			
C. NATIONAL CERTIFICATE TO BE ISSUED (Indicate which certificate and/or endorsement the candidate is to be issued)			
Skipper Inland Waters	<9m	(Wording details below)	<input type="checkbox"/>
Day Skipper Category E	<9m	(Std wording)	<input type="checkbox"/>
Day Skipper Category C	<9m	(Std wording)	<input type="checkbox"/>
Day Skipper Category B	<9m	(Std wording)	<input type="checkbox"/>
Coastal Skipper Category B	<9m	(Std wording)	<input type="checkbox"/>
Commercial Dive Skipper Endorsement (Std wording) <input type="checkbox"/>			
Surf Launching Endorsement (Details below)* <input type="checkbox"/>			
*Details of any restrictions (as per policy document) on those national certificates indicated above:			
C. The following copies of documentation are submitted in support of the application.			
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 (If required)		<input type="checkbox"/>
5)	Valid liferaft certificate (If required)		<input type="checkbox"/>
6)	Valid First Aid Certificate issued (If required)		<input type="checkbox"/>
7)	Restricted Radiotelephone Operators Certificate issued by ICASA (If required)		<input type="checkbox"/>
8)	Surf launching certificate (If required)		<input type="checkbox"/>
9)	Dive qualification (If required)		<input type="checkbox"/>
10)	Sailing qualification (If required)		<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"/>
Other documentations (if any)			

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D. Exam Results

WRITTEN EXAM	SECTION	SECTION 1			SECTION 2			SECTION 3			DIVE		SURF	
	TOTAL MARKS ALLOTTED	/			/			/			/10		/15	
	PASS MARK	60%			60%			50%			60%		60%	
	MARKS OBTAINED	%			%			%			%		%	
	WRITTEN EXAM RESULT	Pass	Fail	Exempt	Pass	Fail	Exempt	Pass	Fail	Exempt	PASS		PASS	
										Fail	Exempt	Fail	Exempt	
ORAL EXAM	Pass						Fail			Exempt				
PRACTICAL EXAM	Pass						Fail			Exempt				
EXAMINATION RESULT	COMPETENT						NOT YET COMPETENT							

Examiner Declaration:

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.

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.

Examiner stamp

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'.]

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

Notes (if applicable):



ANNEX 17



DOCTOR'S CERTIFICATE ON PRESCRIBED FORM

Candidates applying for a National Small Vessel Certificate of Competency are required to show that they are of sound mental health and are physically fit. Candidates, that require certificates of competency for under 9 meter vessels, may demonstrate their fitness by having this form completed by any doctor who is a member of the South African Medical Association.

Particulars of Candidate

Surname:		First Names	
ID Number: (Positive ID to be produced)			
Address:			

1. Eyesight Test

The eyesight test shall comprise a letter test and the "Ishihara" card test for colour-blindness. The tests can be conducted by any Doctor or Optometrist.

The letter test

Shall be conducted on Snellen's principle by means of sheets which will contain 6 lines, the 3rd, 4th, 5th, and 6th lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively, and the candidate will be required to read correctly down to and including line 6, with either or both eyes, with or without aids to vision.

TEST RESULT	PASS	FAIL	COMMENT	DOCTOR OR OPTOMETRIST SIGNATURE:

The "Ishihara" card test

Is the test that is specified in the booklet entitled; "The Series of Plates designed as Tests for Colour-Blindness by Doctor Shinobu Ishihara". [Plates 1, 11, 15, 22, AND 23]

NOTE: An examination candidate who is colour blind shall be limited to Day Skipper Certification. No aids to vision to correct colour-blindness deficiencies are permitted.

TEST RESULT	PASS	FAIL	COMMENT	DOCTOR OR OPTOMETRIST SIGNATURE:

I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows:

Particulars of Doctor or Optometrist that has conducted the above tests.

<u>Name (Printed):</u>	<u>Date of Examination: (Certificate valid for one year)</u> ____ / ____ / 20 ____
<u>Signature:</u>	<u>Address of Practice:</u> <u>Practice Stamp</u>
<u>Contact telephone Numbers:(w)</u>	

2. **Medical Certificates**

In terms of Regulation 17 of the National Small Vessel Safety Regulations, no person may operate a vessel if he or she is not physically able to do so and not of sound mental health.

I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows:

	NATURE OF FITNESS LEVEL (* Delete the fitness level that is not applicable.)	Signature of Doctor (where applicable)
1.	The candidate has no condition or disability which may affect his or her ability to operate a small vessel; or *	
2.	The candidate may only operate a small vessel during daylight hours or on short excursions only; or *	
3.	Any other limitation or comment. *	

Particulars of Doctor that has conducted the above tests.

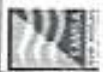
<p><u>Name and Surname:</u></p> <p><u>Signature:</u></p> <p><u>Contact telephone Numbers: (w)</u></p>	<p><u>Date of Examination:</u> (Certificate valid for one year)</p> <p>___ / ___ / 20 ___</p> <p><u>Address of Practice:</u> <u>Practice stamp</u></p>
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ANNEX 16

**RECORD OF EXPERIENTIAL TRAINING
(INLAND WATERS and/or SEA)**



TRAINEE NAME AND SURNAME		ID NUMBER			I, the skipper, declare that the named trainee was onboard the vessel and was under my tuition during the stated voyage. SIGNATURE						
		ARRIVAL DATE & TIME	TRAINING HOURS (DAY)	TRAINING HOURS (NIGHT)		VESSEL NAME AND MARKING	<9M OR ≥9M	NATURE OF VOYAGE	CERTIFICATED SKIPPER CoC NUMBER, NAME AND SURNAME		
TOTAL RECORDED EXPERIENTIAL TRAINING						I, the applicant, declare that the experiential training recorded above is a true reflection of the time spent in training to be a skipper of a small vessel, as described in the SAMSIA Policy.				DATE	TRAINEE NAME and SIGNATURE



ANNEX 16a

RECORD OF SURF LAUNCHES UNDERTAKEN DURING TRAINING
(See Small Vessel Policy regarding compliance.)



I, the observing skipper, declare that the named applicant successfully launched the vessel through the surf and safely returned to the beach during high energy surf conditions.
SIGNATURE

No	APPLICANT NAME & SURNAME	SURF LAUNCH DATE AND TIME	TYPE OF VESSEL	SURF CONDITIONS & LOCATION	ID NUMBER	OBSERVING SKIPPER NAME AND SURNAME	OBSERVING SKIPPER COC NUMBER	OBSERVING SKIPPER TELEPHONE No	OBSERVING SKIPPER FULL ADDRESS	SIGNATURE
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										

I, the applicant, declare that the surf launches recorded above are a true reflection of the time spent in training towards the issue of a Surf Launch endorsement and that I feel that I am competent to safely undertake this method of launching a vessel.

DATE TRAINEE NAME and SIGNATURE