

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



TRAINEE NAME AND SURNAME	DEPART'R DATE & TIME	ARRIVAL DATE & TIME	TRAINING HOURS (DAY)	TRAINING HOURS (NIGHT)	VESSEL NAME AND MARKING	<9M OR ≥9M	ID NUMBER	NATURE OF VOYAGE	CERTIFICATED SKIPPER CoC NUMBER, NAME AND SURNAME	I, the skipper, declare that the named trainee was on board the vessel and was under my tuition during the stated voyage. SIGNATURE
										TOTAL RECORDED EXPERIENTIAL TRAINING

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Small Vessel CoC

Signature Candidate

Signature Examiner