



**ATHENIAN SEA CARRIERS LTD**

PHOTO

ADS/2/06

Form: PR6/01

Rev: 00 - 01/06/2013

Edition: 03

Issued/Approved by: CEO

# APPLICATION FORM

(TO BE FILED IN BY THE SEAMAN)

**RANK:** \_\_\_\_\_ **DATE OF AVAILABILITY:** \_\_\_\_\_

## PERSONAL DETAILS

Surname:		Date of Birth / Age *	
First Name:		Place of Birth:	
Father's name:		Passport Nr:	Expires: ____/____/____
Mother's name:		SB Nr:	Issued on: ____/____/____
Marital Status (please tick among the following boxes): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced			
Next of Kin (relationship):		Contact Numbers:	
Children name/ D.O.B.:	(1)	(2)	(3)

## CONTACT DETAILS

Home Address Street (street-city-zip code): \_\_\_\_\_

Telephone: \_\_\_\_\_ / Mobile Phone: \_\_\_\_\_ /

## CERTIFICATION / QUALIFICATIONS

Certificate of Competency (COC)	Grade of Officer Certificate	Certificate No.	Date Issued	Date Expires	Country of issue
<input type="checkbox"/> Oil Tanker Safety - Basic (V/I-1)			____/____/____		
<input type="checkbox"/> Oil Tanker Safety - Advanced (V/I-2)			____/____/____		
<input type="checkbox"/> Basic Safety Training (VI/1-1 to 1-4)					Issue Date: ____/____/____
<input type="checkbox"/> Proficiency in Survival & Rescue Boat (VI/2-1)					Issue Date: ____/____/____
<input type="checkbox"/> Advanced Fire Fighting (VI/3)					
<input type="checkbox"/> Medical First Aid (VI/4-1)					
<input type="checkbox"/> Medical Care			____/____/____		Expiration Date: ____/____/____
<input type="checkbox"/> Automatic Radar Plotting Aids (ARPA)					
<input type="checkbox"/> Hazardous Materials Certificate (HAZMAT)					
<input type="checkbox"/> Bridge Maneuvering Simulator (BMS)					Issue Date: ____/____/____
<input type="checkbox"/> Engine Simulator					Issue Date: ____/____/____
<input type="checkbox"/> Engine Resource Management (ERM)					Issue Date: ____/____/____
<input type="checkbox"/> ECDIS					
<input type="checkbox"/> Risk Assessment / Incident Investigation					
<input type="checkbox"/> Ship Security Officer					Expiration Date: ____/____/____
<input type="checkbox"/> ISM / ISO 9001- 14001					

## LIST OF SEA SERVICES (Please start from last sign on)

Propulsion (Steam or Motor)	Vessel Name	Vessel Type	Owner	DWT	Engine Type	Rank	Sign on Date	Sign off Date	Sign off Reason	Service Months

TOTAL SEA SERVICE (yrs) \_\_\_\_\_ LANGUAGES \_\_\_\_\_

SEA SERVICE IN RANK (yrs) \_\_\_\_\_ REFERENCES \_\_\_\_\_

SEA SERVICE IN CRUDE OIL CARRIERS (yrs) \_\_\_\_\_

\_\_\_\_\_  
(Date of Application)

\_\_\_\_\_  
**APPLICANT**  
(signature)

## PLEASE DO NOT WRITE BELOW THIS LINE (for Company use only)

**Comments by Interviewer:** \_\_\_\_\_

**Reviewed by:**

\_\_\_\_\_  
CEO (for Master & C/E)

\_\_\_\_\_  
FST & Operations Mgr (for Deck Officers)

\_\_\_\_\_  
Technical Director (for Engine Officers)

\_\_\_\_\_  
Crew Mgr (for Ratings)

\_\_\_\_\_  
(signature) (date)

**Age Verification according ADS/2/6 4.1**  
It is hereby verified that above seafarer is not under the age of 18 years old.