

Directorate General of Shipping EAC Branch
Check list for Issuance of Certificate of Proficiency in
“Basic Trainings For OIL/CHEMICAL/GAS TANKERS Cargo operations”

Following Documents Are Required For issuance of a Certificate of Proficiency in “basic Training for OIL/CHEMICAL/LIQUIFIED GAS Tanker Cargo operations Photo Copy /original as required Of Each Documents Must Be Arranged In The Following Sequence.	
Name:	Date:
Place of Birth:	Date of Birth:

Sr. No.	Topic	Yes/ No	Remark
1.	Two recent color photographs passport size 3.5*3.5. (With Small Envelope) attached to application		
2.	Original challan for evidence of fees paid Enclosed for each Endorsement.		
3.	Original Checklist duly filled up		
4.	Application form in original duly filled & signed		
5.	Copy of application number. (MMD Website)**		
6.	Copy of Oil/ Chemical/ Gas Tanker Familiarization Course		
7.	Copy of Fire Prevention And Fire Fighting Training or refresher if certificate more than 5 years old		
8.	Augmentation of FFFF (Tanker fire fighting) – only first time - not required for renewal every 5 years		
9.	ORIGINAL previous COP for “basic Trainings” or Level 1 DCE endorsement when applied for (For Revalidation)		
10.	(FOR RENEWAL) Letter issued by the owner of the vessel/ agent in Original regarding sea service with RPSL number & e-mail address. At least 3 months experience during last five years on appropriate type of tanker or Apply for new with Basic Tanker operations course done in recent date. (SEE NOTE 2 AT THE BOTTOM)		

Please Note: 1) **Seafarers Registration Compulsory for all Candidates at the time for applying for COP at Mumbai MMD
2) For COP for Oil, Chemical, Gas Tanker, Certificate from the Company should mention the name of Oil, Chemical, Gas Cargo carried along with their grade.

Name of Applicant:	Signature:
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Directorate General of Shipping EAC Branch
Application for Issuance of Certificate of Proficiency in
BASIC TRAINING FOR OIL/CHEMICAL/LIQUIFIED GAS TANKERS CARGO OPERATIONS
(Refer to Instructions and Guidelines given overleaf for filling up application form)

Colour Photograph 40mm x 30mm	To The Facilitation centers /PO ,MMD _____ SUB : Application for Issuance of Certificate of Proficiency in Basic Training for OIL/CHEMICAL/LIQUIFIED GAS – TANKERS (Strike off what is not applicable)						
	Name (as per Passport): Surname _____ Given Name _____			Passport No. _____			
	Date of Birth: (DD/MM/YYYY) _____			Nationality _____			
	Date of Birth: (DD/MM/YYYY) _____			INDoS No. _____			
CDC NO _____		Date of issue/Renewal _____		Place of Issue _____			
Capacity in which working on board _____			Department – DECK /ENGINE _____				
Modular courses done			Cert. No	Date Issued			
a)	Refresher course of Fire Prevention and Fire Fighting (Basic) if certificate is more than 5 years old						
b)	Augmentation of FPFF (Tanker fire fighting) not required for renewal						
c)	Oil / Chemical / Gas* Tanker Familiarization Course – Basic training for Oil tanker cargo operations						
Certificate of Sea Service (only for Re validation every 5 years) – 3 months of sea services on the type of tanker applied for							
Vessel particulars			Rank Served	Duration Served		Sea Service	Rank Held
Name	Type	POR		From	To		
Issuance of Certificate of Proficiency of Service on Tankers requested as follows:							
Type of Tanker				Level of Training			
Oil / Chemical / Liquefied Gas* Tanker				Basic Training for Cargo operations			
I hereby declare that the particulars given above are correct and true to the best of my knowledge and belief. I have read the instructions given overleaf.							
Date _____		Place _____			Signature _____		
OFFICIAL USE							
Fees Paid _____		Challan No _____		Assistant Sign _____			
I have scrutinized above application in line with applicable guidelines. Candidate is Eligible / Not Eligible for Issuance of Certificate of proficiency for service on Tankers (OIL/CHEMICAL/GAS* strike off not applicable) as requested and may be issued							
CERTIFICATE NO _____		Signature of Duly Authorized Officer _____					
In capacity of _____		Name of Officer _____					
Dated _____		Designation _____					