Sjøfartsdirektoratet
Norwegian Maritime Authority

# Application for certificate of proficiency

Ratings forming part of an engineering watch
Initial application

## Applicant data

| | |
|---|---|
| Norwegian ID No. / D No. | |
| First name | |
| Last name | |
| Address | |
| Postcode | |
| Postal area | |
| Telephone | |
| E-mail | |

**The application is subject to fees. The fee must be paid before the application can be processed.**
**Invoice for and replies to your application will be sent to the listed address.**

## Qualification requirements for engineering watch

| Requirements | Description | Appendix No.: |
|---|---|---|
| Seagoing service Alternative 1: | 6 months of seagoing service with watchkeeping duties in the engine department | |
| Seagoing service Alternative 2: | 2 months of specialist training | |
| Medical certificate | Valid medical certificate from approved seafarer's doctor | |
| Passport photo | Passport photo | |

## Checklist for ratings forming part of an engineering watch, cf. STCW A-III/4, to be filled out by chief engineer officer

| | Knowledge, understanding and proficiency | Check here: |
|---|---|---|
| 1 | Terms used in machinery spaces and names of machinery and equipment | ☐ |
| 2 | Engine-room watchkeeping procedures | ☐ |
| 3 | Safe working practices as related to engine-room operations | ☐ |
| 4 | Basic environmental protection procedures | ☐ |
| 5 | Use of appropriate internal communication system | ☐ |
| 6 | Engine-room alarm systems and ability to distinguish between the vaious alarms, with special reference to fire-extinguishing gas alarms | ☐ |
| 7 | Safe operation of boilers | ☐ |
| 8 | Knowledge of emergency duties | ☐ |
| 9 | Escape routes from machinery spaces | ☐ |
| 10 | Familiarity with the location and use of fire-fighting equipment in the machinery spaces | ☐ |

I confirm that the given information is correct, and that the information can be used in the evaluation of certificate applications.

**Ship name and stamp:**

**Signature. Chief engineer officer:**

**Place and date:**

**Signature. Applicant:**

## Help:

### Submission:

Please submit the application to the NMA's main office:

Norwegian Maritime Authority
P.O.Box 2222
NO-5509 Haugesund
Norway

### Assistance:

If you need more assistance, please contact the Norwegian Maritime Authority. Please remember to state the name/code of the form in your enquiry, this will make it easer to find the correct person for your questions about the form.

Tel: + 47 52 74 50 00