Sjøfartsdirektoratet
Norwegian Maritime Authority

Application for certificate of proficiency

Rating forming part of a navigational 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 ratings forming part of a navigational watch

Requirements	Description	Appendix No.:
Seagoing service Alternative 1:	6 months of seagoing service with navigational watchkeeping duties	
Seagoing service Alternative 2:	2 months of specialist training (The seagoing service must be earned on the same vessel)	
Medical certificate	Valid medical certificate from approved seafarer's doctor	
Passport photo	Passport photo	

Checklist for ratings forming part of a navigational watch, cf. STCW A-II/4, to be filled out by the captain

	Knowledge, understanding and proficiency	Check here:
1	Use of magnetic and gyro-compasses	☐
2	Helm orders	☐
3	Change-over from automatic pilot to hand steering and vice versa	☐
4	Responsibilities of a look-out, including reporting the approximate bearing of a sound signal, light or other object in degrees or points	☐
5	Shipboard terms and definitions	☐
6	Use of appropriate internal communication and alarm systems	☐
7	Ability to understand orders and to communication with the officer of the watch on matters relevant to watchkeeping duties	☐
8	Procedures for the relief, maintenance and handover of a watch	☐
9	Information required to maintain a safe watch	☐
10	Basic environmental protection procedures	☐
11	Knowledge of emergency duties and alarm signals	☐
12	Knowledge of pyrotechnic distress signals; satellite EPIRBs and SARTs	☐
13	Avoidance of false distress alerts and action to be taken in event of accidental activation	☐

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

Date:	Place:
Ship name and stamp:	**Signature Captain:**
Signature	**Name of Captain - use block letters**

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