

## ANNEX 6



**NOTIFICATION OF COMPLETION OF A NATIONAL SMALL VESSEL  
CERTIFICATE OF COMPETENCY EXAMINATION**



**APPLICATION TO THE REGISTRAR FOR THE ISSUE OF A  
NATIONAL SMALL VESSEL CERTIFICATE OF COMPETENCY**

**A. PERSONAL PARTICULARS OF APPLICANT**

Surname:.....

First Names:.....

Identity Number:.....

Height:..... Eye Colour:..... Hair Colour:.....

Permanent Address: ..... Postal Address: .....

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Telephone No (H).....(W).....(Cell).....

Email Address:.....

Current certificate held ..... No. ....

**B. APPLICATION FOR A SMALL VESSEL CERTIFICATE OF COMPETENCY**

I, the applicant, hereby make application for examination towards the following grade of small vessel certificate of competency or endorsement, as applicable:

GRADE OF CERTIFICATE		Circle	√	
Skipper Inland Waters (Restricted)		<9m or ≥ 9m		
Skipper Inland Waters		<9m or ≥ 9m		
Day Skipper – Local Waters (Restricted)		<9m or ≥ 9m		
Day Skipper Category E		<9m or ≥ 9m		
Day Skipper Category C		<9m or ≥ 9m		
Day Skipper Category B		<9m or ≥ 9m		
Coastal Skipper		<9m or ≥ 9m		
Skipper Offshore		<9m or ≥ 9m		
TYPE OF ENDORSEMENT			√	
Commercial Dive Skipper Endorsement				
Passenger Vessel (Restricted) Endorsement				
Passenger Vessel (Unrestricted) Endorsement				
Surf Launching Endorsement				
Sailing Vessel Endorsement				
Commercial Night Endorsement (ALL Applications to be signed by Principal Officer.)				
Name and Surname of Applicant	Signature of Applicant	Date	Place	Fee Paid & Invoice Number

Annex 6: Page 1 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING SUPPORTING DOCUMENTATION**

Grade Small Vessel Certificate of Competency or Endorsement	Skipper - Inland Waters (Restricted)	Skipper - Inland Waters	Day Skipper - Local Waters (Restricted) (<9m or ≥9m)	Day Skipper - Category E (<9m or ≥9m)	Day Skipper - Category C (<9m or ≥9m)	Day Skipper - Category B (<9m or ≥9m)	Coastal Skipper (<9m) [Cat B: Day and night]	Coastal Skipper (≥9 metres) (Pleasure <100GT)	Coastal Skipper (≥9 metres) (Commercial <25GT)	Skipper Offshore (<9 metres)	Skipper Offshore (≥9 metres) (Pleasure <100GT)	Skipper Offshore (≥9 metres) (Commercial <25GT)	Surf Launch Endorsement	Commercial Dive Skipper Endorsement	Sailing Vessel Endorsement	Passenger Vessel Endorsement (Un-restricted)	Passenger Vessel Endorsement (Restricted)	Commercial Night Endorsement (Signed by P.O.)
	Copy of ID Document		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minimum Age (18 for all commercial vessel CoC)		16		16	16	16	16	16	18	16	16	18	16	18	16	18	18	18
2x Photos		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical from any Doctor*		X		X	X	X											X	
Medical on Prescribed Form* (Annex 17)								X		X	X							
SAMSA Medical* (Approved doctor)									X			X					X	
Doctor or Optometrist Eye test*					X	X											X	
SAMSA Eyesight test*								X				X					X	
Proof of experiential training (Sea or Inland)***		X		X	X	X	X	X	X	X	X	X	X	X		X	X	X
Liferaft (1 Day)								X		X	X							
Proficiency in Liferaft Course												X				X		
Elementary First Aid or Level II								X		X	X						X	
First Aid at sea									X			X				X		
Fire Fighting, Small V/is (1 Day course)								X		X	X						X	
Fire Fighting (2 Day course)									X			X				X		
R/T Certificate								X	X	X	X	X				X		
Endorsements	Surf Launch Exam												X					
	Dive qualification or exam													X**				
	Sailing Exam (SAS)														X			
Written Motivation																X	X	X
Other documents																		

\* See SAMSA policy regarding eyesight and medical tests for further guidance.

\*\* See SAMSA policy regarding alternative requirements for the Commercial Dive Skipper endorsement.

\*\*\* See SAMSA policy regarding the duration of experiential training. Supply accredited training institution pass certificate, if applicable.

Annex 6: Page 2 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**EXAMINERS REPORT**

**C. NATIONAL CERTIFICATE TO BE ISSUED**

**(Indicate which certificate and/or endorsement the candidate is to be issued)**

- Skipper Inland Waters (Restricted)\* <9m or ≥ 9m *(Wording details below)*
- Skipper Inland Waters <9m or ≥ 9m *(Wording details below)*
- Day Skipper – Local Waters (Restricted)\* <9m or ≥ 9m *(Wording details below)*
- Day Skipper Category E <9m or ≥ 9m *(Std wording)*
- Day Skipper Category C <9m or ≥ 9m *(Std wording)*
- Day Skipper Category B <9m or ≥ 9m *(Std wording)*
- Coastal Skipper <9m or ≥ 9m *(Std wording)*
- Skipper Offshore <9m or ≥ 9m *(Std wording)*
- Commercial Dive Skipper Endorsement *(Std wording)*
- Passenger Vessel (Restricted) Endorsement\*
- Passenger Vessel (Unrestricted) Endorsement \*
- (Passenger endorsements may include a night endorsement, provide details below)*
- Surf Launching Endorsement *(Details below)\**
- Sailing Vessel Endorsement *(Std wording)*
- Commercial Night Endorsement *(Details below)\** **(TO BE SIGNED BY THE P.O. ONLY)**

\*Details of any restrictions (as per policy document) on those national certificates indicated above:

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**C. The following copies of documentation are submitted in support of the application**

- 1) Valid Identity Document and two photographs.
- 2) Valid SAMSA or optometrist's eyesight test *(If required)*
- 3) Valid Medical or Doctor's Certificate
- 4) Valid fire-fighting certificate *(If required)*
- 5) Valid liferaft certificate *(If required)*
- 6) Valid First Aid Certificate issued *(If required)*
- 7) Restricted Radiotelephone Operators Certificate issued by ICASA *(If required)*
- 8) Surf launching certificate *(If required)*
- 9) Dive qualification *(If required)*
- 10) Sailing qualification *(If required)*
- 11) The prescribed fee.
- 12) Proof of experiential training (Inland or sea service)
- 13) Copy of approved training (required if a reduction of sea service is claimed)
- 14) Copy of Interim Certificate issued
- 15) Any other (e.g. SAS certificate, proof of pass issued by another examiner, Certificate issued by an accredited institution etc)

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**D. Exam Results**

<b>WRITTEN EXAM</b>	<b>SECTION</b>	<b>SECTION 1</b>			<b>SECTION 2</b>			<b>SECTION 3</b>		
	<b>TOTAL MARKS ALLOTTED</b>									
	<b>PASS MARK</b>	60%			60%			50%		
	<b>MARKS OBTAINED</b>									
	<b>WRITTEN EXAM RESULT</b>	Pass	Fail	Exempt	Pass	Fail	Exempt	Pass	Fail	Exempt
<b>ORAL EXAM</b>		Pass				Fail				
<b>PRACTICAL EXAM</b>		Pass			Fail			Exempt		
<b>EXAMINATION RESULT</b>		<b>COMPETENT</b>				<b>NOT YET COMPETENT</b>				

**Examiner Declaration:**

I, the examiner, hereby certify that I have checked the experiential training requirement (sea or inland waters) and audited the documents provided by the candidate and I am satisfied that the requirements of the National Small Vessel Examination Regime have been met for the desired grade of certificate or endorsement, and that the particulars contained therein are correct.

Furthermore, I certify that the candidate has been examined, in accordance with the National Small Vessel Examination Regime, and declare the applicant's results in the above table.

Where candidates have been found competent, I request the Registrar to issue the applicant with the applicable grade of certificate, as per the application and the interim certificate of competency.

[All applications must be submitted to the registrar, even those that have been found 'NOT YET COMPETENT'.]

Examiner Name and Surname	Examiner Signature	Examiner's SAMSA Number	Date	Place

**E. FOR SAMSA OFFICE USE ONLY**

Fee Received	Receipt No	Date

**Registrar of Seafarers: Application Processing Details**

Date Received	Date Processed	Clerk Name

**Notes (if applicable):**



# ANNEX 17



## DOCTOR'S CERTIFICATE ON PRESCRIBED FORM

Candidates applying for a National Small Vessel Certificate of Competency are required to show that they are of sound mental health and are physically fit. Candidates, that require certificates of competency for under 9 metre vessels, may demonstrate their fitness by having this form completed by any doctor who is a member of the **South African Medical Association**.

### Particulars of Candidate

Surname:	First Names:
ID Number: (Positive ID to be produced)	
Address:	

### 1. Eyesight Test

The eyesight test shall comprise a letter test and the "Ishihara" card test for colour-blindness. The tests can be conducted by any Doctor or Optometrist.

#### The letter test

Shall be conducted on Snellen's principle by means of sheets which will contain 6 lines, the 3rd, 4th, 5th, and 6th lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively, and the candidate will be required to read correctly down to and including line 6, with either or both eyes, with or without aids to vision.

TEST RESULT	PASS	FAIL	COMMENT	DOCTOR OR OPTOMETRIST SIGNATURE:
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#### The "Ishihara" card test

Is the test that is specified in the booklet entitled; "*The Series of Plates designed as Tests for Colour-Blindness by Doctor Shinobu Ishihara*". [Plates 1, 11, 15, 22, AND 23]

**NOTE:** An examination candidate who is colour blind shall be limited to Day Skipper Certification. No aids to vision to correct colour-blindness deficiencies are permitted.

TEST RESULT	PASS	FAIL	COMMENT	DOCTOR OR OPTOMETRIST SIGNATURE:
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I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows:

### Particulars of Doctor or Optometrist that has conducted the above tests.

Name (Printed):	Date of Examination: (Certificate valid for one year)
Signature:	Address of Practice:
Contact telephone Numbers:(w)	

## 2. Medical Certificates

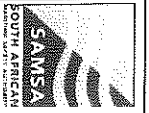
In terms of Regulation 17 of the National Small Vessel Safety Regulations, no person may operate a vessel if he or she is not physically able to do so and not of sound mental health.

I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows:

	<b>NATURE OF FITNESS LEVEL</b> (* Delete the fitness level that is not applicable.)	Signature of Doctor (where applicable)
1.	The candidate has no condition or disability which may affect his or her ability to operate a small vessel; or *	
2.	The candidate may only operate a small vessel during daylight hours or on short excursions only; or *	
3.	Any other limitation or comment. *	

### Particulars of Doctor that has conducted the above tests.

Name and Surname:	Date of Examination: (Certificate valid for one year)
Signature:	Address of Practice:
Contact telephone Numbers: (w)	



**ANNEX 16**

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

TRAINEE NAME AND SURNAME		ID NUMBER				CERTIFICATED SKIPPER COC NUMBER, NAME AND SURNAME	I, the skipper, declare that the named trainee was onboard the vessel and was under my tuition during the stated voyage. SIGNATURE
DEPARTUR DATE & TIME	ARRIVAL DATE & TIME	TRAINING HOURS (DAY)	TRAINING HOURS (NIGHT)	VESSEL NAME AND MARKING	<9M OR >9M		
<b>TOTAL RECORDED EXPERIENTAL TRAINING</b>							

I, the applicant, declare that the experiential training recorded above is a true reflection of the time spent in training to be a skipper of a small vessel, as described in the SAMSA Policy.

DATE \_\_\_\_\_ TRAINEE NAME and SIGNATURE \_\_\_\_\_