

**SEA SERVICE TESTIMONIAL FORM – DECK PERSONNEL**  
 issued in accordance with Commercial Vessels Regulations S.L. 499.23



**Ports and Yachting Directorate**

I certify that the following is a full and true statement of the sea service performed by:

..... I.D. No. .... on board the  
 ..... Off./Reg.No. ....

Period of Service		Capacity <i>(Rank)</i>	Name and Type of Vessel	Length Overall & Maximum No. of Passengers that can be carried, if any	
From	To			metres	no. of passengers

My report on the above during this service period is stated as follows:

Tick "✓" against the appropriate box.

- |                              |            |                          |       |                          |        |                          |
|------------------------------|------------|--------------------------|-------|--------------------------|--------|--------------------------|
| <b>Knowledge of English:</b> | Speak:     | <input type="checkbox"/> | Read: | <input type="checkbox"/> | Write: | <input type="checkbox"/> |
| <b>Knowledge of Maltese:</b> | Speak:     | <input type="checkbox"/> | Read: | <input type="checkbox"/> | Write: | <input type="checkbox"/> |
| <b>Experience/Ability:</b>   | Very good: | <input type="checkbox"/> | Good: | <input type="checkbox"/> | Fair:  | <input type="checkbox"/> |
| <b>Conduct:</b>              | Very good: | <input type="checkbox"/> | Good: | <input type="checkbox"/> | Fair:  | <input type="checkbox"/> |
| <b>Behaviour/Sobriety:</b>   | Very good: | <input type="checkbox"/> | Good: | <input type="checkbox"/> | Fair:  | <input type="checkbox"/> |

Signature: .....

Name in full: .....

Master or position in Company (if applicable): .....

Name of Company (if applicable): .....

Stamp: ..... Date: .....