

**Ports and Yachting Directorate**

**1. PERSONAL DETAILS:**

Title Mr/Mrs/Miss etc		Sex: Male/Female	
Surname			
Forename(s) in full			
Date of Birth			
Place of Birth		Nationality	
Identity Card/Passport No.			
Address			
Telephone No			
Mobile No		Email	

**2. DETAILS OF CURRENT CERTIFICATE OF COMPETENCY**

Certificate No	
Expiry Date	
Capacity	
Limitations	

**Declaration:**

I declare that the information that I have given on this page is true and complete.

Signature: .....

Date: .....

Ports and Yachting Directorate

**Application forms should be addressed to the:**

Commercial Vessels Administrator  
Licensing and Small Ships Registration Department  
Ports and Yachting Directorate  
Authority for Transport in Malta  
Malta Transport Centre  
Xatt I-Ghassara ta' I-Gheneb  
Marsa MRS 1917  
Malta

**Documents to be included with this form:**

1. Certified copy of Identity card or passport;	<input type="checkbox"/>
2. Current Certificate of Competency;	<input type="checkbox"/>
3. Evidence of at least 12 months (which need not be continuous) qualifying service in the preceding five years;	<input type="checkbox"/>
4. Current (valid) First Aid Certificate	<input type="checkbox"/>
5. Medical Fitness Certificate;	<input type="checkbox"/>
6. Two coloured passport size photos;	<input type="checkbox"/>
7. A fee of €58.23 to cover processing and administration costs will be charged on the issuance of the relative Certificate of Competency. Cheques to be made payable to the Authority for Transport in Malta.	<input type="checkbox"/>