



**DIRECTORATE GENERAL OF MERCHANT MARINE
NAVIGATION AND MARITIME SAFETY DEPARTMENT**

APPLICATION FORM FOR REGISTRATION

THE CURRENT APPLICATION FEE MUST BE SENT WITH THIS APPLICATION FORM (THE FEE IS NOT RETURNABLE)

COMPLETELY FILL - NO BLANK SPACES ALLOWED - DO NOT WRITE AS PER CV

I- PERSONAL DETAILS OF APPLICANT

Title(Mr, Mrs, Eng, Capt, etc.).....

Full Names (As per Passport)

Nationality..... Date of birth.....

Home address.....

.....

.....

Postcode.....

Tel. No.....

Mobile Phone:..... e-mail.....

PORT REQUESTED TO CARRY OUT INSPECTIONS, ONLY ONE PORT:.....

ADDITIONAL PORTS REQUESTED TO CARRY OUT INSPECTIONS:.....

2- BUSINESS (COMPANY)

Name of organization:.....

Address.....

.....

.....

Postcode..... e-mail:.....

Tel. No..... Fax No.....

Mobile Phone:.....

3- GENERAL EDUCATION

(Final level only, e.g. for college/university entrance)

From	To	Educational establishment	Grade

4- TECHNICAL AND ACADEMIC QUALIFICATIONS

(Supported by documentary evidence)

Year	Award	Course/Subjects	Qualifying Authority

5-MEMBERSHIP OF ANY CLASS SOCIETY OR RECOGNIZED ORGANIZATION

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6- REGISTERED TRAINING COURSE DETAILS

From	To	Name of organisation conducting the training	Title of course or training scheme

7- REGISTER INFORMATION

Please indicate with a cross sectors which can be supported by your experience

All aspects of IMO conventions	Safety management system	electrical system
Safety of Navigation	MARPOL Annexes	Hull and Machinery
Fire Fighting System	Oily- water Separators	Emergency Procedures
Inert Gas Systems	Crude Oil Washing/ Tankers	Aspects of IMO codes
Life Saving Equipment	Cargo Handling	Loadline assignments
all aspects of national laws and reg.	Bunkering Procedures	bridge navigation and ccion

8-SEA/COMMERCIAL EXPERIENCE

(Enter in chronological order with present or most recent experience listed first)

From month/Year	To month/year	Job title	Name of organisation	Details of experience related to sectors*

* Further information can be submitted on an additional sheet

9- DECLARATION

I apply for ASI Inspector and agree to the publication in a register of all personal details and specifically fields of experience.

I certify that the statements contained in this form are correct to the best of my knowledge and belief.

Signed Applicant

Date

