



Reefership Marine Services, Limited
 P.O. Box 12-1007 Centro Colón San José, Costa Rica
 Phone 2287-2284 Fax 2201-5938
 EMAIL: rms@dole-reefership.com



Application Form

Photo

Please fill in grey cells only.
Enter Date fields as DATE/MONTH/YEAR

Personal Information

First Name		Middle Name		Last Name	
Present Rank:		Sea experience in current rank-Years/months:			
Rank applied for:		Earliest available date:			
Date of Birth: (Date/Month/Year)		Place of Birth		Marital Status	
Address:					
Tel:		Mobile:		E-mail:	
Nearest Intl/Domestic Airport:					
Next of Kin/Relationship:				Tel:	

Passport

Nationality	Passport Number	Issued Date	Expiration Date

U.S. C1/D Visa

Issued at	Issued Date	Expiration Date

Medical Certificate

Last Medical done on (date)	Expires

Vaccinations

Vaccinations	Yes/no	Expiration Date	Given at
Yellow Fever			
Cholera			

Beneficiaries

Relation	Name	Date of Birth (Date/Month/Year)

Education & Training (Schooling/College/Maritime)

Name of Institute	From / To Date	Qualification attained

Seaman's Book / CDC / Seaman's Identity Document

Book No.	Issued By	Date Issued	Expiration Date

Licenses/Certificate of Competency/Endorsements

CoC Type (National & Endorsements)	COC and Endorsements No.	Issued By	Date Issued	Expiration Date

Courses/Certificates

Course/Certificate description	License No.	Issued By	Date Issued	Expiration Date
GMDSS: Global Maritime Distress Safety System GOC				
R.O/SIM/ARPA: Radar Observance/Simulator/Automatic Radar Plotting Aids				
FP-FF: Fire Prevention and Fire Fighting				
AFF: Advanced Fire Fighting				
EMFA: Elementary/Medical First Aid				
CMC: Certificate in Medical Care on board Ship (Ship Captain's Medicare)				
PSC-RB: Certificate in Proficiency in Survival Craft and Rescue Boats				
PSSR: Personal Safety and Social Responsibilities				
PST: Personal Survival Techniques				
Ship Maneuvering/ER Simulator				
Bridge/Engine Team Management				
Life Saving Appliances				
Search and Rescue				
Diesel Engine				
Marine Automation				
High Voltage				
<u>Other:</u>				

References & Experience

Total service onboard merchant vessels to date, Years: _____

Details of sea services – START FROM MOST RECENT

Ship's Name	GRT	Type of Vessel	Owner/Manager	Engine Type/Make	Engine Power (BHP)	Rank	From/To (date)	Total time (months)	Reason for Disembarking

Supplementary Information: Chief Engineers and Electrical Officers should indicate below their experience with the following machinery and systems.	
Engine Room Automation systems (Make/type):	
Aux Engines & Alternator systems (Make/type):	
Power Management systems (Make/type):	
Cargo cranes / gantries (Make/type):	