

APPLICATION FOR RE-VALIDATION OF COMMERCIAL ENDORSEMENT
RYA/MCA CERTIFICATE OF COMPETENCE OR
POWERBOAT CERTIFICATES / CERTIFICATE OF SERVICE

All certificates (whether of Competency or Service), Boatmasters Licences and Local Authority Licences must be revalidated every five years. To revalidate, the applicant must prove at least 150 days of actual sea service on appropriate vessels during the previous five years and be in possession of a valid medical fitness certificate.

Applicants for revalidation who are not able to prove the requisite sea service but are able to demonstrate that during at least half of the five year period they have been employed on duties closely associated with the management and operation of one or more of the appropriate types of vessels, may have their Certificates or Licences considered for revalidation.

| | |
|-------------------------------|--|
| Name of Applicant | |
| Address | |
| | |
| Postcode | |
| Country | |
| Date of Birth | |
| Telephone Number (Day) | |
| Telephone Number (Mobile) | |
| Email Address | |
| RYA Membership Number | |
| Certificate to be revalidated | |
| Certificate Number | |

*****Ensure the declaration at the end of this page is signed in all cases******

EVIDENCE OF CONTINUING SEA-GOING DURING PREVIOUS 5 YEARS

For personnel in full time employment

For signature by employer

I certify that the above name applicant has been employed or engaged by me in a sea-going capacity during the last five years and has maintained his/her knowledge and skill as a responsible skipper of a small commercial vessel.

Name of Company or Organisation: _____

Name of Signatory: _____

Capacity in which signing: _____

Signature: _____ Date: _____

OR

FOR QUALIFIED RYA CRUISING INSTRUCTORS/YACHTMASTER INSTRUCTORS/EXAMINERS

Last up-date completed at _____ Date: _____
 (Must be within 5 years of request for re-validation)

OR

FOR SELF-EMPLOYED SKIPPERS

I certify during my five-year period ending (Date) _____ I have been employed in a sea-going capacity for a total of _____ days and I have maintained my knowledge and skill as a responsible skipper of a small commercial vessel.

| Year | Names of vessels in which employed or engaged | Number of days at sea |
|------|---|-----------------------|
| | | |
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Applicant declaration

I confirm that the information on this form is correct to the best of my knowledge and that I understand my responsibilities with regard to maintaining an appropriate medical fitness certificate and first aid certificate during the period of validity of my commercial endorsement.

Signed: _____ Date: _____

