

**Scarborough Borough Council**



**Nominated Departure Point Code of Practice**

**Application for examination to qualify for a Certificate of Competency as a Boatman**

I, the undersigned, hereby apply to be examined for the issue of a Certificate of Competency to act as a boatman on commercial vessels operating under the Nominated Departure Point Code of Practice.

Name: .....

Address: .....

.....

.....

.....

Date: .....

Experience on commercial vessel:

.....

.....

Area of operation required 3/20\* miles (\*delete as appropriate)

In fair weather and daylight only.

Nominated Departure Point: .....

Attachments:

1. Medical Report Form
2. Radio Operators Certificate
3. Basic Sea Survival Certificate
4. First Aid Certificate

Signed: ..... Date: .....

Return to: Whitby Harbour Office, Endeavour Wharf, Whitby, YO21 1DN