

PHOTOGRAPH
 Glue 1 1/4" X 1 1/4"
 (45mm x 45mm) photo in upper
 left hand corner.
 See instructions for
 detailed requirements
 in paragraph 3(a) of MI-2731.

(STAPLE DOCUMENTATION HERE)

THUMB PRINT
 See paragraph 3(b) of MI-2731.

申請者の写真貼付

REPUBLIC OF THE MARSHALL ISLANDS
Office of the Maritime Administrator

申請者の指紋

APPLICATION FOR SEAFARER'S IDENTIFICATION AND RECORD BOOK AND SPECIAL QUALIFICATIONS					
1. SURNAME			2. GIVEN NAME(S)		
3. DATE OF BIRTH		4. PLACE OF BIRTH		5. CITIZENSHIP	
MONTH	DAY	YEAR	CITY	COUNTRY	
6. HEIGHT		7. WEIGHT	8. COLOR OF HAIR	9. COLOR OF EYES	10. SEX
FT	IN	LBS			<input type="checkbox"/> Male <input type="checkbox"/> Female
11. DISTINGUISHING MARKS (SCARS, BIRTHMARKS, TATTOOS, ETC)			12. APPLICATION IS:		
			<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> SPECIAL QUALIFICATION(S) ONLY <input type="checkbox"/> RENEWAL Old Book No.		
13. PERMANENT ADDRESS (STREET/CITY & COUNTRY)			14. MAILING ADDRESS FOR THIS DOCUMENT		
15. LIST ALL MARSHALL ISLANDS DOCUMENTS すでに所持しているマーシャルアイランドの海技免状/船員手帳があればそれを記載					
MI CERTIFICATE NO.:		CAPACITY:		SIRB:	

16. PLEASE INDICATE HERE THE SPECIAL QUALIFICATIONS DESIRED:
士官以外は該当する CAPACITY (AB/OS/OLR/BSN/WPR/MOTORMAN/COOK など) を記載
Special Qualification Certificate として認証を希望する STCW 資格 (**Proficient in Survival Craft/ Rescue Boats/ Fast Rescue Boat Operator / Advanced Firefighting / Medical First Aid Providers / Medical Care Person In Charge/ Tankerman / SSO など**) 記載
 TOTAL SQCs REQUESTED: _____

17. I HEREBY AFFIRM THAT ALL INFORMATION PROVIDED BY ME IN THIS APPLICATION, ITS SUPPORTING DOCUMENTS AND PROOFS, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF; FURTHER, THAT NO LICENSE, CERTIFICATE OR DOCUMENT ISSUED TO ME HERETOFORE BY ANY GOVERNMENT HAS EVER BEEN REVOKED OR SUSPENDED. OR, IF REVOKED OR SUSPENDED, A FULL EXPLANATION OF THE CIRCUMSTANCES IS ATTACHED HERETO AND MADE A PART OF THIS APPLICATION

MONTH DAY YEAR DATE OF APPLICATION 申請年月日	AFFIRMED BEFORE ME, REQUIRED DOCUMENTATION <input type="checkbox"/> Application (MI-273) completed and signed by applicant. <input type="checkbox"/> One (1) 1 1/4" x 1 1/4" (45mm x 45mm) photo showing facial front view attached and right thumb print applied. <input type="checkbox"/> Acceptable proof of identification submitted. Copy attached. Certified translation provided if identity document is not in English. <input type="checkbox"/> Proof of STCW Basic Training. <input type="checkbox"/> Copy of physical exam submitted. <input type="checkbox"/> Letter of commitment for assignment to a Marshall Islands vessel (for SIRB initial applications only). <input type="checkbox"/> Requisite fee included.	申請者のサイン _____ TO BE SIGNED BY APPLICANT IN PRESENCE OF FILING AGENT ファイリング・エージェント担当者の氏名 _____ TYPE OR PRINT NAME OF FILING AGENT 担当者のサイン _____ SIGNATURE OF FILING AGENT 上記サイン者の肩書き _____ FILING AGENT'S TITLE ファイリング・エージェント会社名 _____ FILING AGENT'S COMPANY
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18. SEA SERVICE - List and submit proof of at least the minimum service required to establish eligibility for the special qualification rating requested. (See Part 7.0 of publication MI-118). Proof can be established by a photocopy of the seafarer's own national discharge book or Marshall Islands Seafarer's Identification and Record Book.

Propulsion (Steam or Motor)	Name of Vessel	IMO Number	Type of Vessel	Deck Officers list Gross Tons / Engineers list kW Propulsion Power	Flag	Capacity in which served	PERIOD OF SERVICE						TOTAL SERVICE		
							From			To			years	months	days
							day	month	year	day	month	year			

19. NAUTICAL, ENGINEERING, OR SPECIALIZED TRAINING COURSES COMPLETED. (Where course completion is a pre-requisite for the Special Qualification.)

Name of School/Course	Location of School	Dates Attended		Type of certification received upon completion
		From	To	

20. GENERAL INSTRUCTIONS

- Age, experience, educational and medical requirements for "Seafarer Identification and Record Book" and "Special Qualification Certificates" are detailed in "Requirements for Merchant Marine Personnel Certification," publication MI-118, which is available on board every Marshall Islands Registered Vessel.
- Please enclose payment with each application: new SIRB=US\$60; SQC=\$US35 (no fee required for Basic Training, Wiper, Junior Ordinary Seaman, GP Trainee)**
- Fees for certification of a Special Qualification are listed in Annex 9 of publication MI-118. Payment must be made by check or money order drawn on a bank or branch in the U.S. and payable in U.S. Dollars to "THE TRUST COMPANY OF THE MARSHALL ISLANDS, INC." Payment may also be made by credit card using the form, TCMI-02M, provided in Annex 10 of publication MI-118, or Marine Notice No.1-005-1, which may be photocopied. Credit card payment forms are also available from Authorized Filing Agents.
- Applications must be sent to:

OFFICE OF THE MARITIME ADMINISTRATOR
c/o MARSHALL ISLANDS MARITIME AND CORPORATE ADMINISTRATORS, INC.
SEAFARERS' DOCUMENTATION
11495 COMMERCE PARK DRIVE
RESTON, VIRGINIA 20191-1506 USA

or, to any of the Regional Offices named in Marshall Islands Marine Notice No. 1-002-1.
- All applicants for certification of a Special Qualification must hold a Marshall Islands Seafarer's Identification and Record Book or apply at the same time for this book. (See Part 6.0 of publication MI-118).
- Applicants for Special Qualification Certificates holding and/or renewing a Marshall Islands Seafarer's Identification and Record Book must submit a copy of Page 2 of that book..

Applicants should keep a photocopy of this completed application as evidence that a Marshall Islands Certificate is pending.