|  |  |
| --- | --- |
| …………………………………………………Name (F*irst name/Middle name/Surname)* | Date: ……………..……… |
|  |  |
| Mailing address ……………………………….…………………………………………………………………………………………………… | **Central Maritime****Examination Board** |
| Date and place of birth |
| …………………………………………………PESEL number (*if applicable)* |
| …………………………………………………email  |  |

**APPLICATION FORM**

I request to join qualification examination for a certificate (CoP/CoC) ............................
.......................................................................................................................................................

at the date ..................................in................................................................................................

*(place)*

1. education level..........................................................................................................................

*(type and name of school, college, department, course, specialty, year of graduation)\**

2. confirmed sea service …………..............................................................................................

*(number of months and days of sea service)*

3. diploma or certificate ………………………...........................................................................

4. other documents .......................................................................................................................

 .....................................................................................................................................................

5. attachments\*\*:

a) copy of CoP/CoC confirming their professional qualifications, issued by a European Union Member State or a third country recognized by the European Commission and
a document that confirms their education level pursuant to Article 93 of the Act of 7 September 1991 on the education system (Dz. U. of 2004, No 256, item 2572, as amended)

b) sea service record to confirm sea service or additional sea service,

c) confirmation of completing a training incl. confirmation of training record book pass *(if applicable)*,

d) confirmation of passing a practical examination or the certificate\*\*\* on passing practical part of a training issued not earlier than two years prior to the date of the planned examination *(if applicable)*,

e) evidence of payment for the examination.

\* - information confirming requirements of the exam

\*\* - choose correct

*\*\*\*-* issued by the maritime education unit

*I declare that all informations contained in this application form are true and that I am aware of the Criminal Code of the responsibility for providing incorrect data (Art. 233 § 1 to 6 of the Criminal Code), which I confirm with the original signature.*

*□ I agree to place my name on the list of candidates at the website of the Central Marine Examination Board.*

...................................................

(date and signature)