

BOAT OPERATOR REGISTRATION FORM (Required for all crew members)

BOAT OPERATOR/CREW		SUPERVISOR		TODAY'S DATE	
Name:		Name:		/ /	
Contact no.		Contact no.			

SECTION 1: This section is to be completed by the Boat operator/crew member

	Please indicate the Certificate of Competency that has been achieved (Y)	Expiry date (Valid for 5 years)	Training that is needed for each type of Certificate of Competency			
			Approved RTO Certificate or Diploma	First Aid HLTAID003	Marine Radio Operators VHF Certificate of Proficiency	Marine Radio Operators Certificate of Proficiency
General Purpose Hand NC			✓	✓		
Coxswain Grade 2 NC			✓			
Coxswain Grade 1 NC			✓	✓	✓	
Master <24m NC			✓	✓		✓
Master (inland waters)			✓	✓		
Master <35mNC			✓	✓		✓
Mate <80m NC			✓	✓		✓
Master <80m NC			✓	✓		✓
Marine Engine Driver Grade 3 NC			✓	✓		
Marine Engine Driver Grade 2 NC			✓	✓		
Marine Engine Driver Grade 1 NC			✓	✓		
Engineer Class 3 NC			✓	✓		

Attach a copy of the Certificate of Competency to this form

Exemption from holding a Certificate of Competency (i.e. for low complexity duties)

Tick if an exemption from holding a Certificate of Competency. (i.e. an Exemption 38 has been issued) Note: To qualify for the exemption a training course with an AMSA approved course provider and completion of a final practical assessment record with an approved trainer assessor is still required.	Please tick
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Attach a copy of the Assessment record provided by the approved course provider to this form

SECTION 2: This section is to be completed by the Supervisor in consultation with the Faculty/Branch Fleet Officer

(Note: The Certificate of Operation issued by the AMSA (which is held by the Faculty/Branch Fleet Officer) will specify the level of competency required for each vessel.)

Name of boat(s)/Identifier that this Boat operator/crew member has the relevant competency to master/crew	Role (please tick)	
		<input type="checkbox"/> Master
	<input type="checkbox"/> Master	<input type="checkbox"/> Crew

BOAT OPERATOR/CREW MEMBER	AUTHORISED BY SUPERVISOR
Signature:	Signature:

Forward the completed form with attachment(s) to the Faculty/Branch Fleet Officer