

Application for Seamanship Examinations

Please complete this form online (preferred method) then print, sign and submit as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink.



Unique Corporate No. (to be completed by CAA)

- Only use this form for the examinations for the Professional Seamanship Examination Licence.
- Booking is strictly in date order in which the applications are received. Confirmation and timetables will be advised on completion of booking.
- Applications received after the published closing date cannot be accepted.
- Payment must accompany application.
- Please only send the fees for the examinations booked on this application form. Payments for other CAA services should not be included.
- Please see the scheme of charges for fees. This is available on our website: www.caa.co.uk/ors5. Failure to send in the correct fee will result in the application not being processed

1. PERSONAL DETAILS

CAA Personal reference number (if known)

Surname Forename(s)

Title Date of birth (dd/mm/yyyy) Nationality

Town of birth and Country of birth

Full Postal address

..... Postcode

Telephone Number Mobile Telephone

Email address

Address for correspondence (if different from above)

..... Postcode

2. VENUES

For further information on dates and venues refer to web site www.caa.co.uk/examinations

Exam Date

First choice of venue

Second choice of venue

Date of any previous Seamanship Examination

Please tick box for booking confirmation to be sent by email

3. CAA USE ONLY

Date		Cash	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>
Amount	£	Cheque	<input type="checkbox"/>	Postal Order	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Completion period checked	<input type="checkbox"/>	Initials.....			

4. DECLARATION (tick as appropriate)

I declare that the information provided on this form is correct.

I agree to receive:

Flight Crew Safety material from the CAA only or

Safety material from authorised sources or

I do not wish to receive Safety material

Signature Date

5. SUBMISSION INSTRUCTIONS

Send your completed application form to:

Civil Aviation Authority, Licensing and Training Standards, Examination Section, Aviation House, Gatwick Airport South, West Sussex, RH6 0YR, United Kingdom

Payment Authorisation



This form can be filled in on screen (preferred method) then printed, signed and submitted as instructed. Alternatively, print, then complete in BLOCK CAPITALS using black or dark blue ink

1. APPLICANT DETAILS (The Applicant is the person responsible for payment of CAA charges)

Application for:..... Dated:.....
Original Applicant's Name:
Application Submission Number (ASN):.....or, Application form number (i.e SRGxxxx)
Registered Company or Trading Name: (if applicable)
Contact Telephone Number:

2. PAYMENT DETAILS

a) Payment type (please tick your chosen method of payment).

Visa Mastercard Debit Card Cheque/Banker's Draft Bank Transfer Cash (max.£1000)

The maximum single transaction using a Visa/Mastercard or Debit Card is limited to £25,000.
We do not accept American Express, Diners Club or JCB cards. **Cash payments** will only be accepted in person at Aviation House, Gatwick. Please do not send cash by post.
Cheques shall be made payable to 'Civil Aviation Authority'. Please write the CAA Application Form No. on the reverse of your cheque.

National Westminster Bank plc
Bloomsbury Parr's Branch
PO Box 158
214 High Holborn
London
WC1V 7BX

Account Name: Civil Aviation Authority
Account Number: 36029769
Sort Code: 60-30-06
Swift Code: NWBK GB 2L
IBAN: GB90 NWBK 6030 0636 0297 69

Please supply the following information:
Amount: £ BACS/CHAPS/ASN Reference*:

* When making a bank transfer please instruct your bankers to quote, i) in relation to an offline application, the CAA Application Form number followed by the application date (i.e. SRGXXXX ddmmyyyy) or ii) in relation to an online application, the Automatic Submission Number (ASN) (i.e. CAI-123).

Payer: Payers Email: Date of Transfer:

b) Card Details (for payment by Credit/Debit Card)

Card number:

Expiry date: / Security Code (last 3 digits on signature strip on reverse of card)

Debit cards only: Start date: / Amount: £ Issue No: (if applicable)
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Name (as written on card):
(BLOCK CAPS)

Full postal address of card holder:
..... Postcode:.....

Card holder's signature:

Please tick box if paying with Company Card Company Name:

Do not send credit card details by email. If sending this form electronically, please leave this section blank and we will call you to confirm your card details at the time.