

**RADIOTELEPHONE OPERATOR CERTIFICATE APPLICATION FORM**

**MARITIME**

*(Attach certified proof GMDSS Radio course completion issued by authentic examining institution. For renewals attach copy of previous ROC issued.)*

**PLEASE FILL IN BLOCK LETTERS**

1. **FULL NAMES** (Surname and names): \_\_\_\_\_  
*(Attach certified copy of ID/Passport. Attach 2x passport photos)*
2. **LICENCE CATERGORY:** \_\_\_\_\_  
*(Indicate if restricted or general)*
3. **HEIGHT:** \_\_\_\_\_
4. **COLOUR OF EYES:** \_\_\_\_\_
5. **COUNTRY OF BIRTH:** \_\_\_\_\_
6. **DATE OF BIRTH:** \_\_\_\_\_
7. **GENDER:** \_\_\_\_\_
8. **ID/PASSPORT NO.:** \_\_\_\_\_
9. **POSTAL ADDRESS:** \_\_\_\_\_
10. **CONTACT TEL./CELL NO.:** \_\_\_\_\_
11. **E-MAIL ADDRESS:** \_\_\_\_\_
12. **FAX NO.:** \_\_\_\_\_

\_\_\_\_\_  
**APPLICANTS SIGNATURE**

\_\_\_\_\_  
**DATE**

Warranting that the information provided herein is true and correct. Undertaking to abide by the conditions of issue of the certificate in terms of the relevant legislation.

**ACKNOWELEDGEMENT OF RECEIPT BY CRAN**

**FOR OFFICIAL USE**

Name:	
Date:	
Signature:	
FEE PAYMENT (N\$109.00)	Receipt no.:

Processed by:	
ROC number:	
Date:	
Signature:	