



## APPLICATION FOR THE REVALIDATION OF A BOATMASTERS' LICENCE

# BML

**IMPORTANT - BEFORE completing this form, please ensure you have read the guidance notes and instructions on pages 7 to 11. . We are unable to accept applications by fax or email**

### 1. PERSONAL DETAILS

Title Mr/Mrs/Miss/Capt etc	Sex: Male/Female	
Surname /Family name		
Forename(s) in full		
Date of Birth		
Place of Birth	Country of Birth	
Nationality	Passport/National Insurance Number	
	Full home address	Address for return of documents <i>(if different from home address)</i>
Street/Road		
District		
Town/City		
County/State		
Post Code/Zip		
Country		
Telephone No		
Mobile No	Email	

Name

DOB

### 2. EXISTING MCA BML HELD (Current BML must be submitted with this application)

BML Licence Number:	Type of Certificate:	Please tick (✓)
	Tier 1 Level 2	
Expiry Date:	Tier 1 Level 1	
	Tier 2 Level 2	
	Tier 2 Level 1	
	Tier 2 (Issued prior to XX/XX/15)	

BML ID

**Please do not write below this line**

Received:	Fee:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>BML ID</td><td></td></tr> <tr><td>Receipt No</td><td></td></tr> <tr><td>RMS No</td><td></td></tr> <tr><td>Application ID</td><td></td></tr> <tr><td>BML No</td><td></td></tr> </table>	BML ID		Receipt No		RMS No		Application ID		BML No	
BML ID												
Receipt No												
RMS No												
Application ID												
BML No												



#### 4. REVALIDATION OF ENDORSEMENTS - Tier 1 Applicants Only

Please indicate if you are seeking revalidation of a specialist operations/local knowledge endorsement.

Please tick (✓)

General Passenger	
Large Passenger	
Oil / Chemical / Gas (Delete as appropriate)	
Towing and Pushing	
Fast Craft	
Ro-Ro (Tidal waters)	
Local Knowledge (Please indicate below)	
Details of local knowledge endorsement held:	

#### 5. MEDICAL FITNESS - All Applicants

**Caution: It is your responsibility to declare any medical conditions, or any changes to your health, that are likely to affect your performance and safety as a Boatmaster.**

If you are under 45 years of age, and there have been no significant changes in your health, please sign below. In which case you do not need to submit a medical report/certificate.

##### MCA Boatmasters' Licence holders under 45 only

I declare that there have been no changes in my health that would affect my abilities as a Boatmaster

Signed:

Date:

If you are:

- (a) \*45 years of age or older, please enclose either a valid ML5 medical report and certificate, valid ENG1 medical fitness certificate or a valid accepted equivalent certificate from the list below.
- (b) \*65 years of age or older, please enclose either a valid ML5 medical report and certificate, valid ENG1 medical fitness certificate or a valid accepted equivalent certificate from the list below.

Medical Evidence enclosed	Tick which
ML5 report and certificate	
ENG1 Seafarer Medical Certificate	
Civil Aviation Commercial Pilot's Licence	
Health and Safety Executive (HSE) Diving Certificate	
DVLA Group 2 Driver's Licence	

**6. DECLARATION** (The maximum penalty for a false declaration is £5000)

A data sharing statement will be inserted in the finalised form *here*

I declare that the data contained in this application is, to the best of my knowledge, true and complete. I also declare that the documents are genuine, given and signed by the persons whose names appear on them. I consent to any processing of the data contained in this application by the MCA (including any processing necessary to establish the authenticity and validity of the issued certificate).

Please sign this form in the centre of the Space opposite, in BLACK BALL POINT PEN, this will be transferred to your new licence.

**IMPORTANT – KEEP WITHIN THE BORDER FAILURE TO COMPLY WITH THIS INSTRUCTION WILL INVALIDATE THE APPLICATION**

Date.....

DRAFT

## 7. PAYMENT - All Applicants

Please enclose the appropriate fee (as laid down in the current Merchant Shipping Fees Regulations)  
 Payment should be made in pounds sterling (£) by cheque, postal order or banker's draft, BACS, credit or debit card.

Cheques, postal orders and banker's drafts should be made payable to the "Maritime and Coastguard Agency" and crossed "account payee" and "not negotiable". Cheques and banker's drafts should be drawn at a UK bank. **CASH WILL NOT BE ACCEPTED..**

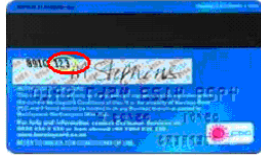
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

Maestro  Visa  MasterCard  Delta  Cheque/banker's draft  Postal Orders  BACS

Please charge £28 to my Maestro / Visa / MasterCard / Delta Card

Name of Card Holder	
Card Number	<input type="text"/>
Start Date	
Expiry Date	
Maestro Issue Number (Maestro Cards Only)	

Security Code:



The Security Code is the last three digits of the numbers on the reverse of the card the card, near the signature strip.

Signature..... Date.....

## 8. CHECKLIST - All Applicants

Please make sure you have enclosed the relevant items from the list below.

	Please tick (✓)	Official use only
Existing Boatmasters' Licence	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Service Time testimonials	<input type="checkbox"/>	<input type="checkbox"/>
Work Record (MSF 4366)	<input type="checkbox"/>	<input type="checkbox"/>
Acceptable equivalent certificate for specialist operations endorsement (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Pilotage Exemption certificate or relevant competent harbour authority letter (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
Valid Medical Fitness Certificate (please refer to section 5 of the guidance)	<input type="checkbox"/>	<input type="checkbox"/>
Fee	<input type="checkbox"/>	<input type="checkbox"/>

**Please note that a licence cannot be issued until all relevant documents have been received and approved, together with the correct fee.**

## GUIDANCE NOTES FOR THE COMPLETION OF THIS APPLICATION FORM

Please ensure that you read and understand MSN 1853 before completing the form. These notes summarise the requirements.

Please complete this form in **BLOCK LETTERS** and in **black ink**.

**ENSURE YOU COMPLETE THIS FORM IN FULL - FAILURE TO DO SO MAY MEAN WE WILL HAVE TO RETURN YOUR APPLICATION TO YOU, AND WILL RESULT IN A DELAY TO YOUR APPLICATION BEING PROCESSED.**

### 1. PERSONAL DETAILS

Enter your personal details in the boxes provided. Your name should be given **IN FULL**, and should be given in the same format as appears in your passport or driving licence.

Your date of birth should be given in the format DD/MM/YYYY, e.g. 18 February 1960 would be written 18/02/1960.

You should give your permanent home address, where you are normally resident.

You may also provide an alternative address for return of documents or correspondence relating to this application.

Your documents will be returned by Recorded Delivery and will need to be signed for. Please ensure you provide us with the full address details you would like your documents sent to. You **must** include a contact telephone number and email address should there be any queries with your delivery.

### 2. EXISTING BML HELD

Please tick (✓) the tier / level for which you are revalidating. Only tick **ONE** box.

### 3A. DETAILS OF SERVICE

Testimonials must support the information contained in Section 3 of the application form. The following are accepted forms of evidence for service:

1. A company letter signed by an appropriate person (e.g. the owner or fleet manager);
2. A letter from a representative of the statutory navigation/port authority responsible for the area in which the applicant operates;
3. A letter from a shipper or customer who can verify the applicant has the relevant experience; or
4. A letter from a trade association who can verify the applicant has the relevant experience.

The following template can be used for testimonials for examples 2-4.

# BOATMASTER LICENCE TESTIMONIAL (Template)

To be submitted on the headed paper of the organisation represented.

This is to certify that:

Full Name .....

Date of Birth ..... Place of Birth .....

has been known to me, or my organisation, as a commercial operator of inland waterway vessels, as specified below between \_\_/\_\_/\_\_ and \_\_/\_\_/\_\_.

During this period of service, Mr/Ms ..... has served in the following capacity(s):

Master for ..... months/years;

Mate with duties as helmsman for ..... months/years;

Other relevant duties (please specify)

..... for ..... months/years;

..... for ..... Months/years.

Vessel Name .....

Registered (or Identification Number) .....

Overall Length (in m) .....

Breadth (in m) .....

Tonnage (dwt) .....

Type of Operation .....

Area(s) of Operation

Signed ..... Name (Print) .....

Master or Position in Company .....

Name of Company .....

Company Stamp ..... Date .....



### 3B. REVALIDATION REQUIREMENTS

**TABLE A - QST FOR REVALIDATING ALL LICENCES AND SPECIALIST OPERATIONS**

Generic BML / Endorsement		Revalidation qualifying service
Tier 1 Level 2	General Passenger Large Passenger Towing and Pushing Oil Chemical Gas Ro-Ro Fast Craft	120 days 60 days 60 days 60 days 30 days 30 days 30 days 30 days 60 days
Tier 1 Level 1	General Passenger Large Passenger Towing and Pushing Oil Chemical Gas Fast Craft	120 days 30 days 30 days 30 days 30 days 30 days 30 days
Tier 2 Level 2		50 days
Tier 2 Level 1		50 days

**TABLE B - QST FOR REVALIDATING LOCAL KNOWLEDGE ENDORSEMENTS**

Local Knowledge	Practical Exam	Oral Exam	Revalidation Service Time / Experience
Bristol Port	N/A	N/A	6 passages (3 round voyages) within the preceding year of the application
Caernafon and Menai Straits	N/A	N/A	60 days within preceding 5 years of the application
Dee Conservancy	N/A	Yes	N/A
Dover Harbour	Yes	N/A	N/A
Fowey Harbour	N/A	N/A	6 weeks within the preceding 2 years of the application
Gloucester Harbour	N/A	N/A	6 passages (3 round voyages) within the preceding year of the application
Medway	N/A	Yes	60 days within preceding 5 years of the application
Port of Liverpool	N/A	N/A	N/A
Port of London	N/A	Yes	Not less than 60 days' qualifying service, undertaken in varying conditions including trips in different directions and trips during the hours of darkness, with the last day of that service being undertaken not less than 6 months after the first day.
Padstow Harbour			6 voyages outward from the harbour and 6 voyages inward to the harbour under the supervision of a person authorised by Padstow Harbour Authority.

Portsmouth Harbour			60 days within preceding 5 years of the application
Isles of Scilly	Yes	Yes	N/A
Teignmouth	Yes	Yes	N/A

#### 4. REVALIDATION OF ENDORSEMENTS

Please tick those boxes relevant to the endorsements you want to revalidate.

A list of acceptable equivalents to the BML specialist operations endorsement qualifying conditions can be found in Annex 5 of MSN 1853.

The successful completion of the relevant Maritime Studies Qualification unit is also an acceptable alternative.

#### 5. MEDICAL FITNESS

All applicants must hold an ML5, ENG1 or acceptable alternative medical fitness certificate

If you need to obtain a new ML5 certificate, please ensure you are using the latest version of the form. This can be obtained from your local Marine Office or downloaded from [www.gov.uk](http://www.gov.uk) . Search for "MSF 4112".

ENG1 certificates are issued following an examination by an MCA approved doctor. A list of MCA approved doctors is available from [www.gov.uk](http://www.gov.uk) . Search for "MCA Approved Doctor".

#### 6. DECLARATION

Please read the declaration. Once you are sure that the information you have given is, to the best of your knowledge, true and complete, and that the documents submitted are genuine, given and signed by the persons whose names appear on them, you should sign the declaration with your usual signature, including the date. Ensure your signature is inside the box.

#### 7. PAYMENT

The fee for a revalidated licence is currently £28

You must enclose the correct fee with your application. Please tick (✓) the appropriate box to indicate your chosen method of payment.

Payment must be made in pounds sterling (£). Payment by cheque, banker's draft or postal orders should be made payable to "The Maritime and Coastguard Agency" and crossed "account payee" and "not negotiable".

For payment by Maestro, Visa, MasterCard or Delta, ensure you enter the card details in the spaces provided. Please sign to confirm the amount and chosen method of payment.

#### 8. CHECKLIST

**ALL** the documents in this section **MUST** be provided with this application. Please ensure you tick (✓) each box to indicate that you have enclosed the documents. The supporting documents **must be original**. Any candidate failing to submit all the required documents may have their application returned without being processed.

## 9. APPLICATION TRACKING

Once we have processed and approved your application we will dispatch your documents by Recorded Delivery.

### **NOW RETURN YOUR COMPLETED APPLICATION – PLEASE SEND TO:**

Maritime & Coastguard Agency  
Registry of Shipping and Seamen  
Anchor Court  
Keen Road  
Cardiff  
CF24 5JW

Telephone: +44 (0) 2920 448844  
Fax: +44 (0) 2920 448820  
Email: [seafarers\\_registry@mcga.gov.uk](mailto:seafarers_registry@mcga.gov.uk)  
Website: [www.gov.uk](http://www.gov.uk) Search 'MCA'

**WE ARE UNABLE TO ACCEPT APPLICATIONS SUBMITTED BY EMAIL OR FAX**

**YOU SHOULD ALLOW AT LEAST 10 DAYS FOR US TO PROCESS YOUR APPLICATION, PLUS POSTAGE**

**AN INCOMPLETE APPLICATION WILL DELAY THE ISSUE OF YOUR LICENCE**