



APPLICATION FOR A REPLACEMENT BOATMASTERS' LICENCE

BML

IMPORTANT - BEFORE completing this form, please ensure you have read the guidance notes and instructions on pages 5 to 6. We are unable to accept applications by fax or email

1. PERSONAL DETAIL

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. DETAILS OF ORIGINAL CERTIFICATE

	Type of Certificate:	Please tick (✓)
BML Licence Number:	Tier 1 Level 2	
	Tier 1 Level 1	
Expiry Date:	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 style="width: 50%;">BML ID</td><td style="width: 50%;"></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												
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Application ID												
BML No												

5. DECLARATION

(The maximum penalty for a false declaration is £5000)

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

I understand that completing and returning this form will result in the related Boatmasters' Licence being cancelled, that it may never be used again, if subsequently found, it should be returned to the Maritime and Coastguard Agency (MCA) immediately.

I declare that the data contained in this application is, to the best of my knowledge, true and complete. 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.

FOR OFFICIAL USE
ONLY

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

Date.....

6. COUNTERSIGNATURE

Name			
Address			
Town / City			
County/State			
Post Code/Zip		Country	
Telephone No		Occupation	
Capacity in which you know the applicant			

I confirm that the photographs submitted bear a true current likeness of the applicant.

Signed.....Date.....

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.**

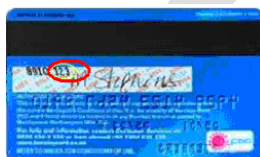
Please tick (✓) the appropriate box below to indicate your chosen method of payment.

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

Please charge £18 to my Maestro / Visa / MasterCard / Delta Card

Name of Card Holder	
Card Number	
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, near the signature strip.

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

Receipt: If you would like a receipt please tick (✓) the box below and confirm the email address you would like it sent to:

Please issue me with a receipt

Email address:	
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8. CHECKLIST - All Applicants

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

Please tick (✓) Official use only

Police Report	<input type="checkbox"/>	<input type="checkbox"/>
Two passport photographs (please refer to section 4 of the guidance)	<input type="checkbox"/>	<input type="checkbox"/>
Fee	<input type="checkbox"/>	<input type="checkbox"/>

Please note that a replacement 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 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 should 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. DETAILS OF ORIGINAL CERTIFICATE

If your licence has expired you must also apply for revalidation by completing and submitting MSF 4365 with this application form.

If you are unable to remember the expiry date of your licence please provide the approximate expiry date.

3. POLICE REPORT

If the Police is not in English please provide an official translation

If you cannot obtain a Police report please contact the Registry of Shipping and Seamen before applying

4. PHOTOGRAPHS

Your photographs must be taken full face without a hat and must be UK approved passport photographs, measuring a maximum of 50mm x 40mm, in colour with a plain white background. The back of one photograph must include your name in **BLOCK LETTERS** and the signature of a Doctor, Bank Officer, Established Civil Servant, School Teacher or someone of similar standing. They should also write on the back of the photograph "I certify that this is a true likeness of Mr/Mrs/Miss/Ms/Dr etc....." and add their signature. They must also provide their details at Section 6 of the application form. A member of your family is **NOT** allowed to counter sign your photograph. The back of the other photograph must include your name in **BLOCK LETTERS** and your date of birth.

5. 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, you should sign the declaration with your usual signature, including the date. Ensure your signature is inside the box – this will be transferred to your replacement licence.

6. COUNTERSIGNATURE

You should obtain a counter signature from a Doctor, Bank Officer, Established Civil Servant, School Teacher or someone of similar standing who is **NOT** related to you and has known you for at least 2 years. They should enter their details in this section. This person must endorse the rear of one of your passport style photographs "I confirm that this is a true current likeness of [your name] and their usual signature and date. See also see section 4 of the guidance notes on photographs.

8. PAYMENT

The fee for a replacement licence is currently £18.

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.

9. 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 applicant failing to submit all the required documents may have their application returned without being processed.

10. 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
Website: 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 REPLACEMENT LICENCE