



## APPLICATION FOR A BOATMASTERS' LICENCE Upgrades and Additional Areas

# BML

**IMPORTANT - BEFORE completing this form, please ensure you have read the guidance notes and instructions on pages 13 to 15. Please provide an email address in block capitals in order for us to inform you of the receipt of your application (see section 12 of the guidance notes).**

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			
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	

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

	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 04/04/15)	

**Please do not write below this line**

<b>Received:</b>	<b>Fee:</b>	



#### 4. ANCILLARY SAFETY TRAINING - All Applicants

Boatmasters' Licence applicants are required to have undergone MCA approved basic safety training in Personal Survival, Fire Safety and First Aid or completed the relevant Maritime Studies Qualification Units in lieu of this training. Please include **original** certificates with your application.

Course or Training	Certificate enclosed Please tick (✓)	Validated (MCA use ONLY)

#### 5. EXAMINATION AVAILABILITY - All Applicants

Please indicate your availability in the box below:

Please arrange my underpinning knowledge/boat handling test as soon as possible after.....(Date)

I am not available on the following dates.....

#### 6. WHAT ARE YOU APPLYING TO DO? - All Applicants

Please tick one box only:

Type of Action	Please tick (✓)	Go to section
Add an additional area to a <b>Tier 2</b> licence		<b>7</b>
Add an additional operation to a <b>Tier 2</b> licence		<b>7</b>
Upgrade <b>Tier 2</b> licence to Tier 1		<b>8A</b>
Upgrade <b>Tier 1 Level 1</b> licence to Tier 1 Level 2		<b>8B</b>
Add a further specialist, or local knowledge, endorsement to a <b>Tier 1</b> licence		<b>8C/8D</b>

Qualifying Service Time requirements can be found in Annex 5 and 6 of MSN 1853

## 7. ADDITIONAL SPECIFIED AREA(S) AND OPERATION(S) - Tier 2 Applicants Only

A Tier 2 BML is valid for operations within a specified area. In the box below please indicate:

Additional area(s) of Operation	Additional passenger operations		Additional non - passenger operations (please tick)					
	Y/N	Max no of passengers	GC*	OC*	TP*	DR*	WB*	other

\*Please see section 7 of the guidance for clarification.

If you have ticked other please clarify below

.....  
 .....

**All applicants for this upgrade must submit a Work Record and Training Record Book.**

## 8A. UPGRADING TIER 2 TO TIER 1 - Tier 2 Applicants Only

A Tier 1 BML is a national licence for either tidal or non-tidal waters.

Application details	Evidence of Qualifying Service Time enclosed Please tick (✓)	Underpinning Knowledge – Exam Pass/MSQ Unit Certificate(s) enclosed Please tick (✓)	Validated, or demonstrated to MCA examiner's satisfaction (MCA use ONLY)
Tier 1 Level 1 Generic			
Tier 1 Level 2 Generic			
General Passenger Operations			
Large Passenger Vessel (over 250)			
General Cargo			
Oil Cargo			
Chemical Cargo			
Liquified Gas Cargo			
Dredging			
Ro-Ro Operations (Tidal waters)			
Towing and Pushing			
Fast Craft			
Radar			

**All applicants for this upgrade must submit a Work Record and Training Record Book**

**8B. UPGRADING TIER 1 LEVEL 1 TO TIER 1 LEVEL 2****- Tier 1 Applicants Only**

A Tier 1 Level 2 BML is a national licence for tidal waters.

Application details	Evidence of Qualifying Service Time enclosed (please tick)	Underpinning Knowledge – Exam Pass/MSQ Units Certificate(s) enclosed (please tick)	Validated, or demonstrated to MCA examiner's satisfaction (MCA use ONLY)
Tier 1 Level 2 Generic			
General Passenger Operations			
Large Passenger Vessel (over 250)			
General Cargo			
Oil Cargo			
Chemical Cargo			
Liquified Gas Cargo			
Dredging			
Ro-Ro Operations (Tidal waters)			
Towing and Pushing			
Fast Craft			
Radar			

All applicants for this upgrade must submit a Work Record and Training Record Book

**8C. ADDITIONAL SPECIALIST OPERATIONS****- Tier 1 Applicants Only**

In addition to a generic Tier 1 BML applicants must obtain a specialist operations endorsement to undertake those operations in Section 8 of MSN1853.

Type of Endorsement	Evidence of Qualifying Service Time enclosed Please tick (✓)	Underpinning Knowledge – Exam Pass/MSQ Units Certificate(s) enclosed Please tick (✓)	Validated, or demonstrated to MCA examiner's satisfaction (MCA use ONLY)

All applicants for additional specialist operations endorsements must submit a Work Record and Training Record Book

**8D. ADDITIONAL LOCAL KNOWLEDGE ENDORSEMENTS****- Tier 1 Applicants Only**

A Tier 1 licence is valid for all UK waters of the relevant categories except those requiring a local knowledge endorsement. The areas for which a Local Knowledge endorsement is required are shown in Section 7 of MSN 1853. Please indicate which area(s) you are applying for below:

Name(s) of Area(s)	Validated, or demonstrated to MCA examiner's satisfaction (MCA use ONLY)

If you hold a Pilotage Exemption Certificates (PEC) for any area within the local knowledge area you are applying for please indicate below and enclose your PEC with your application.

PEC Area	Validated (MCA use ONLY)

**All applicants for additional local knowledge endorsements must submit a Work Record**

**9. MEDICAL FITNESS****- All Applicants**

All applicants must submit a valid medical fitness certificate appropriate to the type and area of operation with their application. Further guidance on medical fitness is available in Section 16 of MSN 1853.

Medical Evidence enclosed	Please tick (✓)
ML5 report and certificate*	
ENG1 Seafarer Medical Certificate	

\* If the doctor has been unable to complete the certificate because a medical condition is indicated, you should complete Part D of the ML5 form and send it with this application for medical assessment.

**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.**

## 10. DECLARATION

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

### Data sharing

Data contained in this application may be shared with other statutory bodies or organisations to enable them to meet their statutory obligations and to inform statistics for research or statutory purposes. The data shared is limited to the applicant's name, licence number, licence expiry date and any local or specialist operations endorsements held.

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) and to the sharing of data in accordance with the previous paragraph. Please refer to our privacy statement in Section 2 of the guidance notes which explains how we use the personal information we collect from you

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.....

## 11. CHECKLIST

- All Applicants

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

	Please tick (✓)	Official use only
Existing Boatmasters' Licence	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary Safety Training certificates/Maritime Studies Qualifications units	<input type="checkbox"/>	<input type="checkbox"/>
Work Record (MSF 4366)	<input type="checkbox"/>	<input type="checkbox"/>
Qualifying Service Time testimonials	<input type="checkbox"/>	<input type="checkbox"/>
Training Record Book (MSF 4367)	<input type="checkbox"/>	<input type="checkbox"/>
Underpinning Knowledge pass certificate/Maritime Studies Qualifications units (if applicable)	<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 8 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.

**12. MCA MARINE OFFICE CHECKLIST - Official Use Only**

Tier 1 Licence			
Standards Met	Yes	No	Date
Generic Competencies – On-board Practical Assessment			
Generic Competencies – On-board Oral Assessment			
Work Record (Evidence of QST)			
Training Record Book (Completed satisfactorily)			
Underpinning Knowledge (Training validated)			
<b>Specialist Endorsement(s):</b>			
General Passenger Operations			
Large Passenger Vessel			
General Cargo			
Oil Cargo			
Chemical Cargo			
Liquified Gas Cargo			
Dredging			
Towing and Pushing			
Ro-Ro (Tidal waters)			
Fast Craft			
Radar			
<b>Local Knowledge Endorsement/s: (enter area/s below)</b>			
Medical Standards			

Tier 2 Licence			
Standards Met	Yes	No	Date
On-board Practical Assessment			
On-board Oral Assessment			
Sufficient Service			
Relevant items in Training Record Book (Completed satisfactorily)			
Work Record (Evidence of QST)			
Medical Standards			

Reasons for Rejection		
Name	Signed	Date

TBML No:	Date	Type	Name & Signature
			NAME
			SIGNATURE

## MO OFFICE ACTION

TO BE COMPLETED BY MO ADMIN

Action Taken	Date	Signature
Temporary Boatmaster file opened		
Relevant certificates present & validated		
ML5 form referred to Medical Assesor		
ML5 form returned from Medical Assesor		
Original documents returned		

QUALIFYING CONDITIONS MET DATE	
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## 13. INSTRUCTIONS TO RSS - Official Use Only

TO BE COMPLETED BY MCA EXAMINER

Please issue the following licence:

**TIER 1**

Please tick (✓)	
TIER 1 LEVEL 1	TIER 1 LEVEL 2
Details of Operating Restrictions or Restricted Validity (Please indicate below)	

Specialist Endorsements Please tick (✓)			
General Passenger Operations		Liquified Gas Cargo	
Large Passenger Vessel		Dredging	
Towing and Pushing		Fast Craft	
General Cargo		Radar	
Oil Cargo		Ro-Ro Operations	
Chemical Cargo			

Local Knowledge Endorsements Please tick (✓)

Bristol Port		Padstow Harbour	
Caernafon and Menai Strait		Port of Liverpool	
Dee Conservancy		Port of London (Thames Watermen)	
Dover Harbour		Portsmouth Harbour	
Fowey Harbour		Isles of Scilly	
Gloucester Harbour		Teignmouth	
Medway			
<b>Please specify area of operations for Port of London(Thames Watermen) LKE here:</b>			

**TIER 2**

Please tick (✓)		
TIER 2 LEVEL 1	TIER 2 LEVEL 2	
Details of Specified Area and Operations (Please indicate below)		
CATEGORY AND AREA NAME	AREA DESCRIPTION AND LIMITS (Indicate whether set area from MSN 1837, or other bespoke area)	TYPE OF OPERATION AND SPECIFIC RESTRICTIONS
Details of Operating Restrictions or Restricted Validity (Please indicate below)		

**14. FEE - Official Use Only**

MO to indicate any outstanding fee to be collected by RSS here:

£
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**RSS OFFICE ACTION - Official Use Only**

Action Taken	Date	Signature
Outstanding fee received		
Details logged on Database		
TBML No logged/Copy to file		
File sent to store		

<b>BML No:</b>	
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## 15. PAYMENT

### - All Applicants

You must ensure you pay the appropriate fee (as laid down in the current Merchant Shipping Fees Regulations).

To confirm the fee for the licence you require please contact your local MCA Marine Office. Information on Boatmasters' Licence fees can be obtained from [www.gov.uk](http://www.gov.uk). Search for "Boatmaster".

Payment should be made in pounds sterling (£) by BACS transfer or credit/debit card via online payment facility **Gov.uk Pay** by following the links below.

We are unable to accept cheques, postal orders, banker's drafts or cash.

To pay via Gov.ukPay using a debit or credit card please use the following link: [Application for a Boatmaster's Licence](#).

If you wish to pay by BACS transfer, please email [seafarer.finance@mcga.gov.uk](mailto:seafarer.finance@mcga.gov.uk)

## **GUIDANCE NOTES FOR THE COMPLETION OF THIS APPLICATION FORM**

**PLEASE ENSURE THAT YOU READ AND UNDERSTAND MSN 1853 BEFORE COMPLETING THIS FORM. THESE NOTES SUMMARISE THE REQUIREMENTS.**

**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.**

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

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

### **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, e.g. if you are away at college.

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. PRIVACY STATEMENT**

Personal information which you supply to us will be used to process your application to meet the applicable Standards of Training Certification and Watchkeeping (STCW) requirements. To check and report on how effective the MCA and the services it commissions have been. To make sure that the MCA gives value for money. We may use your information to investigate complaints, legal claims or important incidents. We may use your information for crime prevention and prosecution of offenders.

The information you provide is primarily used for issuing your UK Certificate of Competency (CoC)/Certificate of Equivalent Competency (CEC) but may also be used for other related purposes, and shared with other statutory bodies/organisations to enable them to fulfil their statutory obligations.

We will not disclose any financial details you provide to us. Once your payment has been processed all financial details are securely destroyed.

For more information on how we use your information, and your rights to access information we hold on you, please see our full privacy policy available on our website:

<https://www.gov.uk/government/organisations/maritime-and-coastguard-agency>

### **3. EXISTING MCA BML HELD**

Please tick (✓) the box applicable to the certificate you hold. Only tick ONE box.

### **4. QUALIFYING SERVICE TIME FOR UPGRADE/ADDITION**

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 template testimonial on page 17 can be used for testimonials for examples 2-4.

## 5. ANCILLARY SAFETY TRAINING

Ancillary safety training must have been completed at an MCA approved provider. Further details on approved providers are available from [stc.courses@mcga.gov.uk](mailto:stc.courses@mcga.gov.uk)

## 6. WHAT ARE YOU APPLYING TO DO

Please tick (✓) the box applicable to the upgrade or addition you are applying for. Only tick ONE box.

## 7. ADDITIONAL SPECIFIED AREA(S) AND OPERATION(S)

It may be necessary for you to be assessed in the new area or operation. Your application will normally be referred to an MCA examiner who will contact you to make arrangements for that.

GC	General Cargoes ( including packaged dangerous goods)
OC	Oil Cargoes (including gas and liquid chemicals in bulk)
TP	Towing and/or pushing
DR	Dredging
WB	Workboat

Granting changes to a Tier 2 licence is subject to MCA discretion, and will be limited to an adjacent area or an extension of your existing operations. It cannot be used to add a completely different area or to accumulate a large number of areas. If you wish to increase scope substantially, you will need to get a **Tier 1 Boatmaster's Licence**.

## 8. MEDICAL FITNESS

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".

## 9. 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 – this will be transferred to your new licence.

## 10. PAYMENT

To confirm the fee for the licence you require please contact your local MCA Marine Office. Information on Boatmasters' Licence fees can be obtained from [www.gov.uk](http://www.gov.uk). Search for "Boatmaster". Payment must be made in pounds sterling (£). Please tick (✓) the appropriate box to indicate your chosen method of payment.

## 11. CHECKLIST

**ALL** the documents in this section relevant to your application **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.

## 12. APPLICATION TRACKING

If you have provided an email address you will receive confirmation of receipt. We will then email you if we require any further evidence. Once we have processed and approved your application we will dispatch your documents by Recorded Delivery.

**NOW RETURN YOUR COMPLETED APPLICATION TO YOUR LOCAL MCA MARINE OFFICE**

Please address any queries about your application to your local MCA Marine Office. Contact details are available from [www.gov.uk](http://www.gov.uk) .Search for “Marine Office”

**YOU SHOULD ALLOW AT LEAST 28 DAYS FOR US TO PROCESS YOUR APPLICATION, PLUS POSTAGE  
AN INCOMPLETE APPLICATION WILL DELAY THE ISSUE OF YOUR LICENCE**

## 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 organization, 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 \_\_\_\_\_