



**APPLICATION FOR A BOATMASTERS' LICENCE  
Paper Endorsements For Holders Of  
Alternative Certification**

# BML

**IMPORTANT - BEFORE completing this form, please ensure you have read the guidance notes and instructions on pages 11 to 13. Please provide an email address in block capitals in order for us to inform you of the receipt of your application (see section 13 of the guidance notes).**

## 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                |                   |                                                                     |  |
|                            | Full home address | Address for return of documents<br>(if different from home address) |  |
| Street/Road                |                   |                                                                     |  |
| District                   |                   |                                                                     |  |
| Town/City                  |                   |                                                                     |  |
| County/State               |                   |                                                                     |  |
| Post Code/Zip              |                   |                                                                     |  |
| Country                    |                   |                                                                     |  |
| Telephone No               |                   |                                                                     |  |
| Mobile No                  |                   | Email                                                               |  |

## 2. WHAT TYPE OF ENDORSEMENT IS REQUIRED

| Type of Endorsement          | Please tick (✓) relevant box | Go to section |
|------------------------------|------------------------------|---------------|
| Specialist Operations        |                              | 3             |
| Local Knowledge              |                              | 4             |
| Practical Boat Handling Test |                              | 6             |

**Please do not write below this line**

|                  |
|------------------|
| <b>Received:</b> |
|                  |

|             |
|-------------|
| <b>Fee:</b> |
|             |

|            |  |
|------------|--|
| BML ID     |  |
| Receipt No |  |
| BML No     |  |

### 3. SPECIALIST OPERATIONS ENDORSEMENT

- All Applicants

Please see Section 3 and 4 of MSN 1853 for more information about the requirements

| Type                          | Please tick (✓) | Type                    | Please tick (✓) |
|-------------------------------|-----------------|-------------------------|-----------------|
| General Passenger Operations* |                 | Oil Cargoes             |                 |
| Large Passenger Vessel*       |                 | Liquid Chemical Cargoes |                 |
| Towing and Pushing            |                 | Liquified Gas Cargoes   |                 |
| Ro-Ro Operations              |                 | Fast Craft              |                 |
| General Cargo                 |                 | Radar                   |                 |
| Dredging                      |                 |                         |                 |

\*Only applicable for masters of vessels carrying more than 12 passengers

Applicants will be required to undertake an oral assesment on underpinning knowledge and a practical assessment which is appropriate to the BML specialist endorsement sought

Those applicants holding an acceptable alternative certificate relevant to the specialist operations endorsement applied for must submit the certificate with this application

### 4. LOCAL KNOWLEDGE ENDORSEMENTS

- All Applicants

Please see Section 4 and 7 of MSN 1853 for more information about the requirements

| Area                       | Please tick (✓) | Area                             | Please tick (✓) |
|----------------------------|-----------------|----------------------------------|-----------------|
| Bristol Port               |                 | Medway                           |                 |
| Caernafon and Menai Strait |                 | Padstow Harbour                  |                 |
| Dee Conservancy            |                 | Port of Liverpool                |                 |
| Dover Harbour              |                 | Port of London (Thames Watermen) |                 |
| Fowey Harbour              |                 | Portsmouth Harbour               |                 |
| Gloucester Harbour         |                 | Isles of Scilly                  |                 |

Applicants may be required to undertake an oral assessment on underpinning knowledge and a practical assessment which is appropriate to the local knowledge endorsement sought.

Those applicants holding a PEC or an acceptable examination pass certificate issued by a competent harbour authority for the local knowledge area must submit these with their application.

**5. QUALIFYING SERVICE TIME FOR PAPER ENDORSEMENT**

- All Applicants

| Vessel's Name | Rank/Capacity | Type/Class | Name of Owner | Category/ies of Water and Operational Area(s) | No. of days worked | From (date)<br>dd/mm/yyyy | To (date)<br>dd/mm/yyyy |
|---------------|---------------|------------|---------------|-----------------------------------------------|--------------------|---------------------------|-------------------------|
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |
|               |               |            |               |                                               |                    |                           |                         |

**Note:**  
**Qualifying Service Time (QST) must be within the past five years.**  
 Please see section 6 of the guidance for further information on QST requirements.  
**Self certification of service is not acceptable.**

**6. ALTERNATIVE CERTIFICATE HELD** - All Applicants

The **original** certificate must be submitted with this application. Please provide details of your alternative certificates below:

| Qualification | Issuing Body | Certificate Number | Issue Date | Expiry Date | Validated<br>(MCA use ONLY) |
|---------------|--------------|--------------------|------------|-------------|-----------------------------|
|               |              |                    |            |             |                             |
|               |              |                    |            |             |                             |

## 7. EXAMINATION AVAILABILITY

Please indicate your availability in the box below

|                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Please arrange my boat handling/underpinning knowledge test as soon as possible after.....(Date)<br>I am not available on the following dates..... |
|----------------------------------------------------------------------------------------------------------------------------------------------------|

## 8. MEDICAL FITNESS

| 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.**

## 9. IDENTITY DOCUMENTS - All Applicants

Please enclose your passport or photo driver's licence. It will be returned to you with your endorsement. If you do not have either, another document that contains a photo of you may be considered. If you do not have any form of photo identification, please contact the MCA - contact details are at the end of this form.

| Document                                                                                                              | Enclosed (please tick) | Checked (MCA use only) |
|-----------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|
| Passport                                                                                                              |                        |                        |
| Or Photo Driver's Licence                                                                                             |                        |                        |
| Or Other (see above)                                                                                                  |                        |                        |
| <b>And</b> Two passport-size (50 by 40 mm) photos<br>- taken full face without hat<br>- endorsed*, as a good likeness |                        |                        |

\*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.

## 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.

FOR OFFICIAL USE  
ONLY

**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        |
|-----------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Passport or Drivers Licence                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Two passport photographs (please refer to section 9 of the guidance)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| Alternative Qualification                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| Valid Medical Fitness certificate                                                       | <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"/> |
| 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) |  |  |
|-----------------------------------------------------------------------------------------------|--|--|

|     |  |  |
|-----|--|--|
| Fee |  |  |
|-----|--|--|

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

### SPECIALIST OPERATIONS ENDORSEMENTS

|                          |
|--------------------------|
| Endorsement applied for: |
| 1.                       |
| 2.                       |
| 3.                       |

#### STANDARD MET/ASSESSMENT COMPLETE

Please tick (✓)

| Onboard Practical Assessment | Onboard Oral Assessment | Work Record/Testimonials (Evidence of QST) | Training Record Book complete? | Medical Fitness |
|------------------------------|-------------------------|--------------------------------------------|--------------------------------|-----------------|
|                              |                         |                                            |                                |                 |
| Date:                        | Date:                   | Date:                                      | Date:                          | Date:           |

### LOCAL KNOWLEDGE ENDORSEMENTS

|                          |
|--------------------------|
| Endorsement applied for: |
| 1.                       |
| 2.                       |
| 3.                       |

#### STANDARD MET/ASSESSMENT COMPLETE

Please tick (✓)

| Onboard Practical Assessment | Onboard Oral Assessment | Work Record/Testimonials (Evidence of QST) | PEC/LK Exam Pass | Medical Fitness |
|------------------------------|-------------------------|--------------------------------------------|------------------|-----------------|
|                              |                         |                                            |                  |                 |
| Date:                        | Date:                   | Date:                                      | Date:            | Date:           |

### PRACTICAL BOAT HANDLING TEST

#### STANDARD MET/ASSESSMENT COMPLETE

Please tick (✓)

|                   |   |   |   |                 |
|-------------------|---|---|---|-----------------|
| Onboard Practical | X | X | X | Medical Fitness |
|-------------------|---|---|---|-----------------|

|            |  |  |  |       |
|------------|--|--|--|-------|
| Assessment |  |  |  |       |
| Date:      |  |  |  | Date: |

| REASONS FOR REJECTION |        |      |
|-----------------------|--------|------|
|                       |        |      |
| Name                  | Signed | Date |

**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               |      |           |
| Copy MSF 4285 to file                     |      |           |

|                             |  |
|-----------------------------|--|
| <b>PBHT Certificate No:</b> |  |
|-----------------------------|--|

|                                        |  |
|----------------------------------------|--|
| <b>QUALIFYING CONDITIONS MET DATE:</b> |  |
|----------------------------------------|--|

**13. INSTRUCTIONS TO RSS - Official Use Only**

TO BE COMPLETED BY MCA EXAMINER

Please issue the following paper endorsement

**SPECIALIST OPERATIONS ENDORSEMENTS**

| Type                       | Please tick (✓) | Type            | Please tick (✓) |
|----------------------------|-----------------|-----------------|-----------------|
| Passenger Operations       |                 | Oil Cargoes     |                 |
| Large Passenger Operations |                 | Liquid Chemical |                 |
| Towing and Pushing         |                 | Liquified Gas   |                 |
| RoRo Operations            |                 | Fast Craft      |                 |
| Cargo                      |                 | Radar           |                 |
| Dredging                   |                 |                 |                 |

**LOCAL KNOWLEDGE ENDORSEMENTS**

| Area                       | Please tick (✓) | Area                             | Please tick (✓) |
|----------------------------|-----------------|----------------------------------|-----------------|
| Bristol Port               |                 | Medway                           |                 |
| Caernafon and Menai Strait |                 | Padstow                          |                 |
| Dee Conservancy            |                 | Port of Liverpool                |                 |
| Dover Harbour              |                 | Port of London (Thames Watermen) |                 |
| Fowey Harbour              |                 | Portsmouth Harbour               |                 |
| Gloucester Harbour         |                 | Isles of Scilly                  |                 |

**ADDITIONAL NOTES/INSTRUCTIONS**

|  |
|--|
|  |
|--|



**14. FEE** - Official Use Only

MO to indicate any outstanding fee to be paid on **Gov.uk Pay** here:

|   |
|---|
| £ |
|---|

**RSS OFFICE ACTION** - Official Use Only

| Action Taken                | Date | Signature |
|-----------------------------|------|-----------|
| Outstanding fee received    |      |           |
| Details entered on Database |      |           |
| Copy BPE on file            |      |           |
| File sent to store          |      |           |

|                |  |
|----------------|--|
| <b>BPE No:</b> |  |
|----------------|--|

## 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.

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. WHAT TYPE OF CERTIFICATE IS REQUIRED**

Please tick (✓) the box relevant to the endorsement you are applying for.

### **4. SPECIALIST OPERATIONS ENDORSEMENTS**

Please tick (✓) the box relevant to the endorsement you are applying for.

### **5. LOCAL KNOWLEDGE ENDORSEMENTS**

Please tick (✓) the box relevant to the endorsement you are applying for.

### **6. QUALIFYING SERVICE TIME FOR PAPER ENDORSEMENT**

Testimonials must support the information contained in Section 5 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.

## 7. ALTERNATIVE CERTIFICATE HELD

The full list of acceptable alternative qualifications can be found in Annex 3 and 4 of MSN 1853. Your alternative certificate must be valid at the time you apply

## 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. IDENTITY DOCUMENTS

**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.

### 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. 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.

## 10. 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 endorsement.

## 11. PAYMENT

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.

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"

## **12. 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.

## **13. 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 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 .....