



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 10. Please provide an email address in block capitals in order for us to inform you of the receipt of your application (see section 7 of the application form). We do not offer a counter service for this type of application.

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			
	Full home address	Address for return of documents (if different from home address)	
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)

BML Licence Number:	Type of Certificate:	Please tick (✓)
	Tier 1 Level 2	
	Tier 1 Level 1	
	Tier 2 Level 2	
	Tier 2 Level 1	
	Tier 2 (Issued prior to 04/04/15)	
	Paper Endorsement	
Expiry Date:		

Please do not write below this line

Received: 	Fee: 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">BML ID</td> <td></td> </tr> <tr> <td>Receipt No</td> <td></td> </tr> <tr> <td>BML No</td> <td></td> </tr> </table>	BML ID		Receipt No		BML No	
BML ID								
Receipt No								
BML No								

3. DETAILS OF SERVICE - All Applicants

Vessel's Name	Rank/Capacity	Type/Class	Name of Owner	Categories of Water/ Operational Area(s)/	No. of days worked	From (date) dd/mm/yyyy	To (date) dd/mm/yyyy

Note:

Qualifying Service Time (QST) must be within the past five years.

Please see section 5 and 6 of the guidance notes for details of QST requirements for revalidation.

Self-certification of service is not acceptable.

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 Operations	
Large Passenger Vessel	
Oil / Chemical / Liquefied Gas (Delete as appropriate)	
Towing and Pushing	
Fast Craft	
Ro-Ro Operations (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.
- (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.

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

6. 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.....

7. 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	☐	☐
Work Record (MSF 4366)	☐	☐
Qualifying Service Time testimonials	☐	☐
Acceptable equivalent certificate for specialist operations endorsement (if applicable)	☐	☐
Pilotage Exemption certificate or relevant competent harbour authority letter (if applicable)	☐	☐
Valid Medical Fitness Certificate (please refer to section 5 of the guidance)	☐	☐
Fee	☐	☐

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

8. RSS OFFICE ACTION - Official Use Only

Action Taken	Date	Signature
Payment received		
Details logged on Database		
QST checked		
Medical fitness certificate checked		
File sent to store		

REVALIDATION CONDITIONS MET DATE:	
-----------------------------------	--

9. PAYMENT - All Applicants

The fee for a revalidated licence is currently £31. Payment must be made in pounds sterling (£).

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

<https://products.payments.service.gov.uk/pay/fab955c7a70640f097ec3db858fb68b8>

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. EXISTING BML HELD

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

4. 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 template testimonial on page 11 can be used for testimonials for examples 2-4.

5. REVALIDATION REQUIREMENTS

TABLE A - QST FOR REVALIDATING ALL LICENCES AND SPECIALIST OPERATIONS

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

6. 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.

7. 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 - 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 - Search for "MCA Approved Doctor".

8. 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.

9. PAYMENT

The fee for a revalidated licence is currently £31. Payment must be made in pounds sterling (£).

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

<https://products.payments.service.gov.uk/pay/fab955c7a70640f097ec3db858fb68b8>

10. CHECKLIST

ALL the relevant 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.

11. APPLICATION TRACKING

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

NOW RETURN YOUR COMPLETED APPLICATION TO THE ADDRESS BELOW:

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

Telephone: +44 333 399 0039
Email: seafarers.registry@mcga.gov.uk
Website: www.gov.uk - Search 'MCA'

Please address any queries about your application to the Registry of Shipping and Seamen using the contact details above.

YOU SHOULD ALLOW AT LEAST 10 DAYS FOR US TO PROCESS YOUR APPLICATION

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