**Written on Company Letterhead Paper**

**<COMPANY NAME>**

**<COMPANY ADDRESS>**

Australian Maritime Safety Authority

Seafarer Certification

GPO Box 2181

Canberra

ACT 2601

 Date:

To whom it may concern,

**REVALIDATION: CONFIRMATION OF SEA SERVICE**

I confirm that **<APPLICANT’S FULL NAME>, <DATE OF BIRTH>,** has completed sea service on the vessels named **<below or appended to this letter>** for the periods specified. While serving on the vessels **<APPLICANT’S FULL NAME>** has actively participated in the mandatory abandon ship and fire drills (and fast rescue boat drills, if applicable) and has demonstrated continued competence during ship board service in accordance with the International Convention on the Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended (STCW), for the following STCW short courses:

\*S.1 (For holders of Certificates of Safety Training list the two STCW short courses below)

**Personal Survival Techniques (STCW Code Section A-VI/1 para. 4.1)**

**Fire Prevention & Fire Fighting (STCW Code Section A-VI/1 para. 4.2)**

OR

\*S.2 (For holders of Certificates of Proficiency as Rating list the two STCW short courses below)

**Fire Prevention & Fire Fighting (STCW Code Section A-VI/1 para. 4.2)**

**Certificate of Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats (STCW Code Section A-VI/2 para 6)**

OR

\*S.3 (For holders of Certificates of Competency (Master, Deck and Engineer Officers) and Chief Integrated Rating list the two STCW short courses below)

**Certificate of Proficiency in Survival Craft and Rescue Boats other than Fast Rescue Boats (STCW Code Section A-VI/2 para 6)**

**Advanced Fire Fighting (STCW Code Section A-VI/3 para 6)**

OR

\*S.4 (for holders of a Fast Rescue Boat endorsement, the STCW short course below)

**Certificate of Proficiency in Fast Rescue Boats (STCW Code Section A-VI/2 para 12)**

OR

\*S.5 (In addition for **MASTERS & DECK OFFICERS ONLY**, if appropriate, include the following text for revalidation of a GMDSS Radio Operator’s certificate)

The named vessel(s) were fitted with a full GMDSS station and **<APPLICANT’S FULL NAME>** operated the equipment on a regular basis, as part of their Master or Watchkeeping duties.

\*S.6 \*Australian shipping companies may append the seafarer’s sea service records to this letter without completing the Table below. If this option is adopted the Table may be removed from this sample template. Therefore,

Either complete and include the Table below in the letter with sea service details,

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of vessel** | **IMO Number** | **Gross Tonnage (GT) or Propulsion Power (kW) and total installed electrical generation capacity (kW)** | **Ship Type****(i.e. Chem/Oil/****Gas, etc.)** |  **Rank / Position****Deck or Engine** | **Date on** | **Date off** |
| MV Example | 912345 | 3000 GT | Container | Chief Mate |  | 01.01.2025 | 31.03.2025 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

OR

Remove the Table and add the sentence below, noting that the authorised person in the shipping company is required to stamp the sea service record with the official company stamp, print AND sign their name and date it to confirm the authenticity of the document. **If the document is not endorsed as described in the previous sentence, AMSA cannot accept this letter as proof of sea service.**

“I have appended a record of sea service to this letter as proof of sea service and endorsed it with the official company stamp, my name, signature and date to confirm its authenticity”.

**\*Delete above as appropriate**

*(Note to the Company and seafarer:*

*In addition to this letter, the seafarer will also need to provide evidence to AMSA of completion of AMSA approved shore based training in practical sea survival and lifeboat on load/off load release refresher training, and practical training in fighting a real fire and entering a smoke filled compartment to revalidate their STCW certificate for a full 5 years.)*

I have reviewed the content of this letter and to the best of my knowledge, the information given by me is true and correct in every detail.

Yours faithfully

**<SIGNATURE>**

**<NAME>**

**<POSITION HELD WITHIN THE COMPANY>**