

# Officer Application Form

Complete every field. Incomplete forms are returned without review.

## 1. PERSONAL INFORMATION

SURNAME (AS IN PASSPORT)

GIVEN NAMES

DATE OF BIRTH (DD / MM / YYYY)

NATIONALITY

PLACE OF BIRTH

PASSPORT NUMBER

ISSUE DATE

EXPIRY DATE

ISSUING COUNTRY

SEAMAN'S BOOK NUMBER

ISSUE DATE

EXPIRY DATE

FLAG

MOBILE (WITH COUNTRY CODE)

WHATSAPP / TELEGRAM

EMAIL

NEXT OF KIN (NAME + RELATION + PHONE)

MARITAL STATUS

ENGLISH LEVEL (MARLINS / CES / OTHER) — SCORE & DATE

**2. SEA SERVICE SUMMARY**

CURRENT / HIGHEST RANK HELD  TOTAL SEA SERVICE (MONTHS)  DATE OF LAST SIGN-OFF

Months of service by vessel type:

LPG  LNG  CRUDE TANKER  PRODUCT TANKER  CHEMICAL TANKER

BULK  CONTAINER  OFFSHORE  OTHER (SPECIFY)

**3. LAST 5 VESSELS SERVED**

VESSEL NAME	TYPE / DWT	RANK	SIGN-ON	SIGN-OFF	COMPANY / OPERATOR
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. HIGH-RISK AREA WILLINGNESS**

Will you transit the Strait of Hormuz / IBF Warlike Operations Area on a fully-papered IBF rider?

Yes — willing  No  Case-by-case (specify in references)

Date of last Hormuz transit (if any):

**5. CERTIFICATES OF COMPETENCY**

CERTIFICATE TYPE	NUMBER	ISSUE DATE	EXPIRY DATE	ISSUING COUNTRY / FLAG
<i>Certificate of Competency (CoC)</i>				
<i>STCW V/1-1 Advanced Tanker (Oil)</i>				
<i>STCW V/1-1 Advanced Tanker (Chem)</i>				
<i>STCW V/1-2 Advanced Tanker (Gas)</i>				
<i>STCW V/1-2 Advanced Tanker (Gas)</i>				
<i>JGC Code endorsement</i>				
<i>JGE Code endorsement</i>				
<i>ECDIS (type-specific)</i>				
<i>GMDSS GOC</i>				
<i>Bridge Resource Management</i>				
<i>Engine Resource Management</i>				

*Other (specify)*

**6. MEDICAL FITNESS**

PEME (PRE-EMPLOYMENT MEDICAL EXAM) — CLINIC & DATE  EXPIRY

YELLOW FEVER VACCINATION — DATE & BATCH  OTHER VACCINATIONS (IF RELEVANT)

**7. PROFESSIONAL REFERENCES**

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Minimum 2, preferably 3. Most recent superintendent / crewing manager / master.

**Reference 1**

FULL NAME <input style="width: 100%; height: 20px;" type="text"/>	POSITION <input style="width: 100%; height: 20px;" type="text"/>
COMPANY / VESSEL <input style="width: 100%; height: 20px;" type="text"/>	PERIOD WORKED TOGETHER <input style="width: 100%; height: 20px;" type="text"/>
EMAIL <input style="width: 100%; height: 20px;" type="text"/>	PHONE (WITH COUNTRY CODE) <input style="width: 100%; height: 20px;" type="text"/>

**Reference 2**

FULL NAME <input style="width: 100%; height: 20px;" type="text"/>	POSITION <input style="width: 100%; height: 20px;" type="text"/>
COMPANY / VESSEL <input style="width: 100%; height: 20px;" type="text"/>	PERIOD WORKED TOGETHER <input style="width: 100%; height: 20px;" type="text"/>
EMAIL <input style="width: 100%; height: 20px;" type="text"/>	PHONE (WITH COUNTRY CODE) <input style="width: 100%; height: 20px;" type="text"/>

**Reference 3**

FULL NAME <input style="width: 100%; height: 20px;" type="text"/>	POSITION <input style="width: 100%; height: 20px;" type="text"/>
COMPANY / VESSEL <input style="width: 100%; height: 20px;" type="text"/>	PERIOD WORKED TOGETHER <input style="width: 100%; height: 20px;" type="text"/>
EMAIL <input style="width: 100%; height: 20px;" type="text"/>	PHONE (WITH COUNTRY CODE) <input style="width: 100%; height: 20px;" type="text"/>

## 8. DECLARATIONS

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- I have never been convicted of a criminal offence (other than minor traffic violations).
- I have never been detained at a port for reasons relating to my conduct on board.
- I have not been the subject of a port state inspection that resulted in a serious deficiency.
- I am medically fit and not currently taking medication that would affect my duties.
- I have read and understood the BMP5 (Best Management Practices) currency requirements.
- I consent to background, certificate and reference verification by New Star Marine.
- I confirm all information provided is true and accurate. Misrepresentation = automatic disqualification.

## 9. SIGNATURE

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SIGNED BY (FULL NAME)

DATE

SIGNATURE (TYPE YOUR NAME OR SIGN ELECTRONICALLY AFTER DOWNLOAD)

### How to submit

1. Save the completed form (Cmd/Ctrl + S).
2. Send to [office@new-star-marine.com](mailto:office@new-star-marine.com) — or WhatsApp / Telegram +380 63 163 9215.
3. We acknowledge within 24h. Shortlisted candidates hear back within 72h.