



Seafarer Licensing

DECK OFFICER TESTIMONIAL

Maritime New Zealand, PO Box 27006, WELLINGTON. Phone: 04 473 0111, Freephone: 0508 225522

Commercial and Privately Operated Yachts and Sail Training Vessels

This is to certify that:

Full name: _____

Date of Birth: ____/____/____

Has served on the yacht/ sail training vessel*

(name) _____

Motor/ Sail* Length (m) _____ Gross Tons (gt) _____

Type of vessel _____

Between ____/____/____ and ____/____/____

During this period of service, the above named officer has served in the following capacity(s):

Master / Chief Mate / OOW / Rating * _____ Months _____ days

The above service includes _____ months _____ days of actual time at sea.

Report as to CONDUCT: _____

Report as to EXPERIENCE/ ABILITY: _____

Report as to BEHAVIOUR/ SOBRIETY: _____

Signed: _____

Name (print) _____

Date: _____

Position on yacht or in owning/ managing company* _____

Name of owning/ managing company* _____

Yacht/ Company Stamp

*Delete as Appropriate