



# Seafarer Licensing

## ENGINEER 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) \_\_\_\_\_ Propulsion power (kW) \_\_\_\_\_

Type of main engines \_\_\_\_\_ Type of auxiliary engines \_\_\_\_\_

Between \_\_\_\_/\_\_\_\_/\_\_\_\_ and \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Chief Engineer / Second Engineer / Engineer Watchkeeper\* \_\_\_\_\_ 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\*: \_\_\_\_\_



\*Delete as Appropriate