



www.anchorsaway.co.za

Category R – Lagoons Rivers Estuaries and Dams

<u>Name in Full:</u>	
<u>ID Number:</u>	
<u>Postal Address:</u>	
<u>Telephone:</u>	
<u>Email Address</u>	
<u>Requirements: (Please tick when inserted into envelope)</u>	
<u>1)</u> Application form completed in full (This Form)	
<u>2)</u> Copy of ID or Passport (<u>NO</u> drivers License)	
<u>3)</u> 4 ID Photos (colour or black & white)	
<u>4)</u> Approved and Completed Medical & Eye test Certificate (Form Provided)	
<u>5)</u> Signed Indemnity – (Form Provided)	
<u>6)</u> Log of Experience – Affidavit or completed Log Book (Form Provided)	
<u>7)</u> Self Addressed Postage Envelope for temporary COC	
<u>8)</u> Completed Anchors Away Envelope for original COC (In crew pack)	
<u>9)</u> Payment Method CASH ON THE DAY	



INDEMNITY

Furnished by:

Name: _____

(Hereinafter referred to as the "Participant")

- 1. The Participant hereby irrevocably and unconditionally agrees and undertakes to indemnify and holds harmless Anchors Away Sea School CC ("Anchors") from, and to assume all liability for, any claim, demand, action, liability, damage, charge, loss, detriment, injury, death or expense which may be sustained or incurred by the Participant as a result of, or in connection with the training activities of Anchors and all ancillary activities and occurrences thereto.*
- 2. This indemnity shall remain binding upon the Participant, his liquidators, heirs and assigners.*
- 1. Notwithstanding anything to the contrary contained herein, Anchors will under no circumstances be held liable for any consequential damages.*

SIGNED and DATED at..... on this..... the day of.....2008.

WITNESSES: 1..... 2.....

Duly signed by the Participant:.....



Proof of Boating Experience for Category R – Lagoons , Rivers , Estuaries and Dams

Full Names: Identity No:

Address:

Work Tel No: Home Tel No: Email Address:

AGE LIMIT: 18 Years of age or older for Commercial/Charter and **16 Years** of age or older for Sport & Recreation.

Anchors Away may suspend or cancel the certificate or any other document or certificate if found to be wrongfully or fraudulently issued. Please keep the above neat as this has to be handed in, with your application to SAMSA.

The following particulars must be filled in candidate. A minimum of 25 hours log time, in control of a vessel or 50 hours boating experience is required by law before a skipper's ticket may be issued, which includes pre-launch checks, launch and recovery alongside, cast off drills, Man over board and pickup drills, Throttle control and anchor drills.

Over 9m: The required log time for vessels over 9m is between 50 - 60 hours.

Provide detailed info of your boating experience. Include venues, dates & skipper details if possible etc

TO BE COMPLETED AND SWORN UNDER OATH ----- **SWORN AFFIDAVIT**

I (full names), ID No Hereby swear under oath that I have completed the boating experience as listed above. Owner's signature (in presence of a Commissioner of Oaths):

A1	I certify that before administering the oath/affirmation, I asked the deponent the following questions and wrote down his/her answers in his/her presence.
1.	Do you know and understand the contents of this declaration? Answer:YES / NO.....
2.	Do you have any objection to taking the necessary oath? Answer:YES / NO.....
3.	Do you consider the prescribed oath binding on your conscience? Answer:YES / NO.....
A2	I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration, which was sworn to/affirmed before me and the deponent's signature was placed thereon in my presence.
Designation (Rank):	Commissioner of Oaths:
Date:	Place:

ANNEX 17

DOCTOR'S CERTIFICATE

Candidates applying for a National Small Vessel Certificate of Competence for vessels of less **than 9m** in length may have this form completed by any doctor who is a member of the South African Medical Association.

Particulars of Candidate:

Surname:	First Names:
ID Number: (Positive ID to be produced)	
Address:	

1. Eyesight Tests

The eyesight test shall comprise a letter test and the "Ishihara" card test for colour-blindness as follows:

The letter test

Shall be conducted on Snellen's principle by means of sheets which will contain 6 lines, the 3rd, 4th, 5th, and 6th lines corresponding to standards 6/24, 6/18, 6/12 and 6/9 respectively, and the candidate will be required to read correctly down to and including line 6, with either or both eyes, with or without aids to vision.

PASS	FAIL	COMMENT
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The "Ishihara" card test

Is the test that is specified in the booklet entitled; "*The Series of Plates designed as Tests for Colour-Blindness by Doctor Shinobu Ishihara*". [Plates 1, 11, 15, 22, AND 23]

NOTE: An examination candidate who is colour blind shall be limited to Day Skipper Certification. No aids to vision to correct colour-blindness deficiencies are permitted.

PASS	FAIL	COMMENT
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Initial of Doctor

2. Medical Certificates

In terms of Regulation 17 of the National Small Vessel Safety Regulations, no person may operate a vessel if he or she is not physically able to do so and not of sound mental health.

I, the undersigned medical practitioner, have positively identified and examined the candidate and find as follows;

		Initials of doctor
1.	The candidate has no condition or disability which may affect his or her ability to operate a small vessel;	
2.	The candidate may only operate a small vessel during daylight hours or on short excursions only;	
3.	Any other limitation or comment:	

Particulars of Medical Practitioner

Signature of Doctor: Name (Printed): Contact telephone Numbers:(w)	Date of Examination: (Certificate valid for one year)
	Address of Practice: