



Anchors Away Sea School - PO BOX 1309 – Knysna - Western Cape – 6570

## Category E Certificate of Competency

### 1 Nautical Mile Offshore

<b><u>Name in Full:</u></b>	
<b><u>ID Number:</u></b>	
<b><u>Postal Address:</u></b>	
<b><u>Telephone:</u></b>	
<b><u>Email Address</u></b>	
<b><u>Requirements: (Please tick when inserted into envelope)</u></b>	
<u>1) Anchors Away Application form completed in full (This Form)</u>	
<u>2) SAMSA Application ANNEX 6 form completed in full (attached)</u>	
<u>3) Copy of ID or Passport (<b><u>NO</u></b> drivers License)</u>	
<u>4) 4 ID Photos (colour or black &amp; white)</u>	
<u>5) Approved and Completed Medical &amp; Eye test Certificate (Form Provided)</u>	
<u>6) Signed Indemnity – ( Form Provided )</u>	
<u>7) Log of Experience – Affidavit or completed Log Book (Form Provided)</u>	

**ANNEX 6**



**NOTIFICATION OF COMPLETION OF A NATIONAL SMALL VESSEL  
CERTIFICATE OF COMPETENCY EXAMINATION**

**APPLICATION TO THE REGISTRAR FOR THE ISSUE OF A  
NATIONAL SMALL VESSEL CERTIFICATE OF COMPETENCY**

**A. PERSONAL PARTICULARS OF APPLICANT**

Surname:.....

First Names:.....

Identity Number:.....

Height:..... Eye Colour:..... Hair Colour:.....

Permanent Address: ..... Postal Address: .....

.....  
.....  
.....

Telephone No (H).....(W).....(Cell).....

Email Address:.....

Current certificate held ..... No. ....

**B. APPLICATION FOR A SMALL VESSEL CERTIFICATE OF COMPETENCY**

I, the applicant, hereby make application for examination towards the following grade of small vessel certificate of competency or endorsement, as applicable:

<b>GRADE OF CERTIFICATE</b>		<b>Circle</b>		
Skipper Inland Waters (Restricted)		<9m or ≥ 9m	√	
Skipper Inland Waters		<9m or ≥ 9m		
Day Skipper – Local Waters (Restricted)		<9m or ≥ 9m		
Day Skipper Category E		<9m or ≥ 9m	x	
Day Skipper Category C		<9m or ≥ 9m		
Day Skipper Category B		<9m or ≥ 9m		
Coastal Skipper		<9m or ≥ 9m		
Skipper Offshore		<9m or ≥ 9m		
<b>TYPE OF ENDORSEMENT</b>				
Commercial Dive Skipper Endorsement			√	
Passenger Vessel (Restricted) Endorsement				
Passenger Vessel (Unrestricted) Endorsement				
Surf Launching Endorsement				
Sailing Vessel Endorsement				
Commercial Night Endorsement (ALL Applications to be signed by Principal Officer.)				
Name and Surname of Applicant	Signature of Applicant	Date	Place	Fee Paid & Invoice Number

Annex 6: Page 1 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**APPLICATIONS MUST BE ACCOMPANIED BY THE FOLLOWING SUPPORTING DOCUMENTATION**

Grade Small Vessel Certificate of Competency or Endorsement		Skipper - Inland Waters (Restricted)	Skipper - Inland Waters	Day Skipper - Local Waters (Restricted) (<9m or ≥9m)	Day Skipper - Category E (<9m or ≥9m)	Day Skipper - Category C (<9m or ≥9m)	Day Skipper - Category B (<9m or ≥9m)	Coastal Skipper (<9m) [Cat B: Day and night]	Coastal Skipper (≥9 metres) (Pleasure <100GT)	Coastal Skipper (≥9 metres) (Commercial <25GT)	Skipper Offshore (<9 metres)	Skipper Offshore (≥9 metres) (Pleasure <100GT)	Skipper Offshore (≥9 metres) (Commercial <25GT)	Surf Launch Endorsement	Commercial Dive Skipper Endorsement	Sailing Vessel Endorsement	Passenger Vessel Endorsement (Un-restricted)	Passenger Vessel Endorsement (Restricted)	Commercial Night Endorsement (Signed by P.O.)
		Copy of ID Document	X			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Minimum Age (18 for all commercial vessel CoC)		16			16	16	16	16	16	18	16	16	18	16	18	16	18	18	18
2x Photos		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Medical from any Doctor*		X			X	X	X											X	
Medical on Prescribed Form* (Annex 17)									X		X	X							
SAMSA Medical* (Approved doctor)										X			X				X		
Doctor or Optometrist Eye test*						X	X											X	
SAMSA Eyesight test*									X				X				X		
Proof of experiential training (Sea or Inland)***		X			X	X	X	X	X	X	X	X	X	X	X		X	X	X
Liferaft (1 Day)									X		X	X							
Proficiency in Liferaft Course													X				X		
Elementary First Aid or Level II									X		X	X						X	
First Aid at sea									X				X				X		
Fire Fighting, Small V/ls (1 Day course)									X		X	X						X	
Fire Fighting (2 Day course)										X			X				X		
R/T Certificate									X	X	X	X	X				X		
Endorsements	Surf Launch Exam													X					
	Dive qualification or exam														X**				
	Sailing Exam (SAS)															X			
Written Motivation																	X	X	X
Other documents																			

\*See SAMSA policy regarding eyesight and medical tests for further guidance.

\*\* See SAMSA policy regarding alternative requirements for the Commercial Dive Skipper endorsement.

\*\*\* See SAMSA policy regarding the duration of experiential training. Supply accredited training institution pass certificate, if applicable.

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Small Vessel CoC		

**EXAMINERS REPORT**

**C. NATIONAL CERTIFICATE TO BE ISSUED**

**(Indicate which certificate and/or endorsement the candidate is to be issued)**

- |  |             |                         |                                     |
|--|-------------|-------------------------|-------------------------------------|
| Skipper Inland Waters (Restricted)*  | <9m or ≥ 9m | (Wording details below) | <input type="checkbox"/>            |
| Skipper Inland Waters  | <9m or ≥ 9m | (Wording details below) | <input type="checkbox"/>            |
| Day Skipper – Local Waters (Restricted)*   | <9m or ≥ 9m | (Wording details below) | <input type="checkbox"/>            |
| Day Skipper Category E   | <9m or ≥ 9m | (Std wording)           | <input checked="" type="checkbox"/> |
| Day Skipper Category C   | <9m or ≥ 9m | (Std wording)           | <input type="checkbox"/>            |
| Day Skipper Category B   | <9m or ≥ 9m | (Std wording)           | <input type="checkbox"/>            |
| Coastal Skipper  | <9m or ≥ 9m | (Std wording)           | <input type="checkbox"/>            |
| Skipper Offshore   | <9m or ≥ 9m | (Std wording)           | <input type="checkbox"/>            |
| Commercial Dive Skipper Endorsement  |             | (Std wording)           | <input type="checkbox"/>            |
| Passenger Vessel (Restricted) Endorsement*   |             |                         | <input type="checkbox"/>            |
| Passenger Vessel (Unrestricted) Endorsement *  |             |                         | <input type="checkbox"/>            |
| <i>(Passenger endorsements may include a night endorsement, provide details below)</i> |             |                         |                                     |
| Surf Launching Endorsement (Details below)*  |             |                         | <input type="checkbox"/>            |
| Sailing Vessel Endorsement (Std wording)   |             |                         | <input type="checkbox"/>            |
| Commercial Night Endorsement (Details below)*(TO BE SIGNED BY THE P.O. ONLY)           |             |                         | <input type="checkbox"/>            |

\*Details of any restrictions (as per policy document) on those national certificates indicated above:

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**C. The following copies of documentation are submitted in support of the application**

- |   |                                     |
|---|-------------------------------------|
| 1) Valid Identity Document and two photographs.   | <input checked="" type="checkbox"/> |
| 2) Valid SAMSA or optometrist's eyesight test (If required)   | <input checked="" type="checkbox"/> |
| 3) Valid Medical or Doctor's Certificate  | <input checked="" type="checkbox"/> |
| 4) Valid fire-fighting certificate (If required)  | <input type="checkbox"/>            |
| 5) Valid liferaft certificate (If required)   | <input type="checkbox"/>            |
| 6) Valid First Aid Certificate issued (If required)   | <input type="checkbox"/>            |
| 7) Restricted Radiotelephone Operators Certificate issued by ICASA (If required)  | <input type="checkbox"/>            |
| 8) Surf launching certificate ((If required)  | <input type="checkbox"/>            |
| 9) Dive qualification (If required)   | <input type="checkbox"/>            |
| 10) Sailing qualification (If required)   | <input type="checkbox"/>            |
| 11) The prescribed fee.   | <input checked="" type="checkbox"/> |
| 12) Proof of experiential training (Inland or sea service)  | <input checked="" type="checkbox"/> |
| 13) Copy of approved training (required if a reduction of sea service is claimed)   | <input type="checkbox"/>            |
| 14) Copy of Interim Certificate issued  | <input checked="" type="checkbox"/> |
| 15) Any other (e.g. SAS certificate, proof of pass issued by another examiner, Certificate issued by an accredited institution etc) | <input type="checkbox"/>            |

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Annex 6: Page 3 of 4	Signature Candidate	Signature Examiner
Small Vessel CoC		

**D. Exam Results**

<b>WRITTEN EXAM</b>	<b>SECTION</b>	<b>SECTION 1</b>			<b>SECTION 2</b>			<b>SECTION 3</b>		
	<b>TOTAL MARKS ALLOTTED</b>	30			40			60		
	<b>PASS MARK</b>	60%			60%			50%		
	<b>MARKS OBTAINED</b>									
	<b>WRITTEN EXAM RESULT</b>	Pass	<del>Fail</del>	<del>Exempt</del>	Pass	<del>Fail</del>	<del>Exempt</del>	Pass	<del>Fail</del>	<del>Exempt</del>
<b>ORAL EXAM</b>		Pass			<del>Fail</del>					
<b>PRACTICAL EXAM</b>		Pass			<del>Fail</del> -----			----- <del>Exempt</del>		
<b>EXAMINATION RESULT</b>		<b>COMPETENT</b>			<del><b>NOT YET COMPETENT</b></del>					

Examiner Declaration:

I, the examiner, hereby certify that I have checked the experiential training requirement (sea or inland waters) and audited the documents provided by the candidate and I am satisfied that the requirements of the National Small Vessel Examination Regime have been met for the desired grade of certificate or endorsement, and that the particulars contained therein are correct.

Furthermore, I certify that the candidate has been examined, in accordance with the National Small Vessel Examination Regime, and declare the applicant's results in the above table.

Where candidates have been found competent, I request the Registrar to issue the applicant with the applicable grade of certificate, as per the application and the interim certificate of competency.

[All applications must be submitted to the registrar, even those that have been found 'NOT YET COMPETENT'.]

<b>Examiner Name and Surname</b>	<b>Examiner Signature</b>	<b>Examiner's SAMSA Number</b>	<b>Date</b>	<b>Place</b>
AC AVELEY		#00061	/ /	

**E. FOR SAMSA OFFICE USE ONLY**

<b>Fee Received</b>	<b>Receipt No</b>	<b>Date</b>
<b>Registrar of Seafarers: Application Processing Details</b>		
<b>Date Received</b>	<b>Date Processed</b>	<b>Clerk Name</b>

**Notes (if applicable):**

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## 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**

<p>Signature of Doctor:</p> <p>Name (Printed):</p> <p>Contact telephone Numbers:(w)</p>	<p>Date of Examination: (Certificate valid for one year)</p> <p>Address of Practice:</p>
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**Proof of Boating Experience**

**Category R – Lagoons , Rivers , Estuaries and Dams / Category E – 1 Mile Offshore**

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.

<b><i>tailed info of your boating experience. Include venues, dates &amp; skipper details if possible etc</i></b>

**TO BE COMPLETED AND SWORN UNDER OATH ----- A 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 place thereon in my presence.
Designation (Rank): .....	Commissioner of Oaths: .....
Date: .....	Place: .....





*Anchors Away Sea School - PO BOX 1309 – Knysna - Western Cape – 6570*

***INDEMNITY***

- 1. The Participant hereby irrevocably and unconditionally agrees and undertakes to indemnify and holds harmless Knysna Experiences, 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 Knysna Experiences s and all ancillary activities and occurrences thereto.*
  
- 2. This indemnity shall remain binding upon the Participant, his liquidators, heirs and assigners.*
  
- 3. Notwithstanding anything to the contrary contained herein, Knysna Experiences will under no circumstances be held liable for any consequential damages.*

*DATE: .....*

<i>Name - Candidate</i>	<i>Identity Number</i>	<i>Signed</i>

<i>Name - Witness</i>	<i>Identity Number</i>	<i>Signed</i>

<i>Name - Witness</i>	<i>Identity Number</i>	<i>Signed</i>



## Offshore Practical Examination – Sheltered Launch Site

Name: \_\_\_\_\_ ID No: \_\_\_\_\_

Date: \_\_\_\_\_ Venue: \_\_\_\_\_

Category: \_\_\_\_\_ Description of Vessel: \_\_\_\_\_

### 1) Pre Launch Checks: Oral and Practical

- Tail Board and tie's removed ◇
- Bungs In ◇
- Equipment Secure and sufficient fuel ◇
- Capsize canister ◇
- Weather report ◇
- Crew briefing ( Including use of life jackets) ◇
- Launch ◇

### 2) Boat Handling: Practical

- Pre start checks ◇
- Radio procedure and operation ◇
- Starting, stopping and use of the kill switch ◇
- Explanation of leading lights for entry and exit of harbour ◇
- Demarcation of harbour entry and exit line ◇
- Steering ,rules of the road ◇
- Throttle control and vessel trim ◇
- Crew placement and effect on vessel trim ◇
- GPS and Depth Sounder – Use and understanding ◇
- Tying basic knots – Bowline and Clove Hitch ◇
- Knowledge of boat and fixtures / fittings ◇
- Use of Sea anchor ( Drogue) ◇
- Use of main anchor ( Anchoring and Retrieval) ◇

### 3) Man Overboard : Oral and Practical

- Immediate Action ◇
- Turning to the correct side ◇
- Observation of M.O.B ◇
- Correct return and approach to MOB ◇
- Recovery of the MOB ( Be aware of the prop) ◇



4) **Leaving and Coming along side:** Practical

- Preparation of painter, lines and fenders ◇
- Wind , tide and speed ◇
- Leaving ahead and astern ◇

5) **Being Towed:** Oral and Practical

- Preparing Towing Lines ◇
- Securing lines in correct place on vessel ◇
- Trim and balance under tow ◇

6) **Fire:** Oral

- Use of Anchor ◇
- Wind direction ◇
- Disconnect fuel ◇
- Storage and use of fire extinguisher ◇
- Abandoning burning vessel ◇

7) **Recovery :** Oral and Practical

- Approach ( Wind, current & speed) ◇
- Use of the trailer ◇
- Closing down and storage ◇

**DECLARATION BY APPLICANT**

*I declare that all particulars furnished on this form are true and correct, that the practical examination was done at sea operating a craft belonging to the category applied for. I also understand that in the event of any wrong and/or false information being supplied, any certificate issued thereupon can subsequently be withdrawn without reimbursement.*

Signature of Applicant: ..... Date: .....

**DECLARATION BY EXAMINING OFFICER (OFFICIAL STAMP REQUIRED)**

*I declare that I have personally witnessed the above applicant operate on above mentioned body of water. I also understand that in event of any wrong and/or false information being supplied any certificate issued thereupon can subsequently be withdrawn without reimbursement and my Authorised Agency withdrawn with immediate effect.*

*I, ..... Certify that the above named applicant has passed his/her Skipper's Practical test to my satisfaction.*

Signature of Examining Officer: ..... Examiner Number: .....

Official Stamp

