

| Office Use Only |
|-----------------|
| Reference No. |
| |

APPLICATION FOR CERTIFICATE OF LOCAL KNOWLEDGE (COLK) (Marine Safety Act 1998)

| Name: | | |
|----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|
| E-mail: | | |
| Phone: H: | M: | |
| Employer: | | |
| Areas for COLK applying for | (Please tick boxes for <u>al</u> l areas you red | quire) |
| ☐ Botany | | |
| <u>Sydney</u> : | | |
| Middle Harbour | Main Harbour | our |
| (Please tick box for COLK you a | are applying for) | |
| ☐ New COLK | Renew COLK | Maintain COLK |
| On the day you will need to be | oring originals of the following docun | nentation: |
| New | Renew | Maintain |
| Evidence of Qualifying Time or Experience (letter from employer or record of service book) | Evidence of Qualifying Time or Experience (letter from employer or record of service book) | Evidence of Qualifying Time or Experience (letter from employer or record of service book) |
| A valid Certificate of Competency | A valid Certificate of Competency | |
| Cert #: | Cert #: | |
| 1102A valid Certificate of Medical Fitness that is required by the Certificate of Competency above | A valid Certificate of Medical Fitness that is required by the Certificate of Competency above | |
| Payment of \$79 | Payment of \$42 | |
| | | |

