

Port of Eden

Office Use Only

Reference No:

I
(Name in block letters)

of
.....
(Address)

hereby apply for a Certificate of Local Knowledge for Port of Eden:

Attached are the following:

Copy of a valid Certificate of Competency;	
Copy of a valid Certificate of Medical Fitness that is required by the Certificate of Competency above;	
Evidence of Qualifying Time or Experience	
Receipt of payment of \$86	

E-mail:

Phone: H: M:

Date of Birth

Employer

Date/...../.....

(Signature of Applicant)

(Please complete all above information)

Please note, those certificate holder who forward an email contact address can opt for an email reminder to be sent if requested, no other reminder will be issued and failure to provide the required evidence will result in the automatic suspension of the licence on the renewal due date.