

Company Name

Deck Testimonial
Commercially and privately operated yachts and sail training vessels

Address:

Phone

Fax

Email

Part 1 Service

This is to certify that in capacity of Master/ Chief Mate/ OOW/ Rating* :

Full name

Date of Birth/...../.....

Discharge book or other National I.D.....

Has served in the yacht/sail training vessel*:

Name

Motor/Sail* Length (m)

Gross Tons (gt)

Official Number

Vessel Type

From/...../..... To/...../.....

The above service includes:

Actual Sea Service ofdays[†]

Stand-by Service ofdays[†]

Yard Service ofdays[†]

During the Actual Sea Service the officer was in full charge of a navigational watch for not less than eight out of every 24 hours whilst the vessel was engaged on voyage giving:

Watchkeeping Service ofdays[†]

Duties and tasks carried out were:

.....

Leave of absence was granted as follows[†]:

.....

* Delete as appropriate

[†] Complete as appropriate or if no time of that type write NIL