

**MARITIME TRAINING COUNCIL
NATIONAL ASSESSMENT CENTER**

SHIP SECURITY OFFICER

NAME _____

RANK / CAPACITY _____

SRC NO. _____

STCW Reg. VI / **5**

1. Does the candidate holds a training certificate in Ship Security Officer from MARINA accredited training institution? YES

NO

and

- 1.1 Is the candidate presently serving onboard as Ship Security Officer YES

NO

or

- 1.2 Is the candidate presently onboard and is scheduled to replace the disembarking/offsigning Ship Security Officer YES

NO

or

- 1.3 Has the candidate served as SSO for a period of at least 6 months In total during the preceding 3 years? YES

NO **If yes, proceed to Certify**

If no, proceed to No. 2.

2. Has the candidate an approved seagoing service of not less than 12 months or appropriate seagoing service and knowledge of ship operations (copy of relevant pages of SIRB)? YES

NO

and

- 2.1 Does the candidate holds a training certificate in Ship Security Officer from MARINA accredited training institution? YES

NO

or

- 2.2 Have you, as NAC qualified assessor, verified by written or oral examination and/or demonstration of competence the status of the above-named candidate in accordance with Regulation VI/5 of the 1978 STCW Convention as amended and Section A-VI/5 paragraph paragraph 1-4 of the STCW Code? YES

NO

(Please use attached checklist)

If so, please indicate the result of your assessment.

COMPETENT NOT YET COMPETENT **If Competent, proceed to certify.****If Not Yet Competent, proceed to # 3.**

3. As NAC Assessor, what would you recommend for the candidate?

Retake assessment?*

Apply other method of assessment?

Undergo retraining or refresher course?

For candidate onboard:

1. Current crew list of vessel (signed by Master with vessel's stamp)
2. Company designation as SSO

Remarks by the qualified Assessor,

THIS IS TO CERTIFY that having applied the above assessment process, I find the candidate competent and qualified in accordance with Regulation VI/1 of the 1978 STCW Convention as amended and Section A-VI/1-2 of the STCW Code.

***Only two (2) retakes is allowed**

Approved for Encoding & Printing
By: _____

Name/Signature of Assessor -Code

Date

Printed
By: _____