海船船员培训合格证书申请表

**申请时间： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** | |  | | | | | | | **汉语拼音** | | | | | | |  | | | | | | | **性别** |  | **国籍** |  | | **贴照片处** | |
| **身份证明号码** | |  |  |  |  |  | |  | |  |  |  |  |  |  | |  |  |  |  |  |  | **出生日期** | **年 月 日** | | | |
| **现持培训合格证书** | | **证书号码：**  **签发机关： 签发日期：** | | | | | | | | | | | | | | | | | | | | | 海船船员健康证书 | **编号：**  **签发日期：** | | | |
| **申请形式** | | **初次申请□ 再有效换证□ 损坏换发□ 遗失补办□ 事故补发□ 信息变更□** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **证书项目** | | **申请项目** | | | | | **已持证项目** | | | | | | | | | **新增项目** | | | | | | | **通过考试** | **满足资历** | | | **通过更新** | | **备注** |
| **Z01** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z02** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z03** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z04** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z05** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z06** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z07** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z08** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **Z09** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T01** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T02** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T03** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T04** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T05** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T06** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T07** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T08** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T09** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **T10** | |  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
| **海上服务**  **资历** | | **职 务** | | | | | **船 名** | | | | | | | | | **船舶种类** | | | | | | | **航区** | **总吨或**  **主机功率** | | | **上船任职**  **日期** | | **解职离船**  **日期** |
|  | | | | |  | | | | | | | | |  | | | | | | |  |  | | |  | |  |
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| **附送材料：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **□有效身份证件复印件** | | | | | | | | | | | | | | | | | | | | | | | **□《船员服务簿》复印件** | | | | | | |
| **□培训证明** | | | | | | | | | | | | | | | | | | | | | | | **□其他有关材料及其复印件** | | | | | | |
| **□符合海事管理机构要求的照片** | | | | | | | | | | | | | | | | | | | | | | | **□委托证明及委托人和被委托人证明及复印件** | | | | | | |
| **□《海船船员培训合格证书》** | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
| **已知晓申请培训合格证书的要求，上述填写内容属实，提供的材料真实有效，在上述船舶任职期间无任何海损、机损责任事故，若申请材料内容存在虚假，后果自负。**  **申请人（个人）：　　　 　（签名） 单位经办人： （盖章）**  **年　　月　　日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系人** |  | | | | | | | | | | | | | | | | | | | | | | **联系电话** |  | | | | | |
| **办理结果** | **证书号码：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,有效期：\_\_\_\_\_\_\_\_\_\_\_\_至\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;**  **不予海事行政许可决定书编号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

内河船舶船员基本安全考试、发证申请表

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| --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 |  | 出生年月 |  | 照片 |
| 籍贯 |  | | 文化程度 | |  | |
| 身份证号 |  | | | | | |
| 服务单位 |  | | | | | |
| 家庭住址 |  | | | | | |
| 单位(住址)联系电话 | |  | | | | | |
| 手机 |  | | | | | | |
| 以上内容由申请人填写 | | | | | | | |
| 以下内容由发证机关填写 | | | | | | | |
| 申请人考试(考核)成绩 | 理论: 及格□ | | | | 不及格□ | | |
| 实操: 合格□ | | | | 不合格□ | | |
| 一审意见 | 经审核,申请人符合□ 不符合□ 发证条件； | | | | | | |
| 拟同意□ 不同意□ 发证。 签名: | | | | | | |
| 备注: | | | | | | |
| 二审意见 | 同意□ 不同意□ 签名: | | | | | | |
| 备注: | | | | | | |
| 发证记录 | 证书编号: | | | | | | |
| 发证日期: | | | | 经办人: | | |
| 备注 | 1.申请人应如实按要求填写，如有弄虚作假，取消考试或发证资格； | | | | | | |
| 2.用黑色钢笔填写，字迹应清晰； | | | | | | |
| 3.□内适用打√，不适用打×； | | | | | | |
| 4.备注栏填写不同意的理由或发放证书的限制等内容。 | | | | | | |
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**内河船舶船员特殊培训合格证申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | | | |  | | | | | | | | | | | | | | | | | | 性别 | | |  | | | | | 近期正面直边５厘米免冠白底彩色  照 片 | |
| 身份证号码 | | | |  |  |  | |  |  |  | |  | |  |  |  | |  | |  | | |  |  |  | |  |  |  |
| 联系电话 | | | |  | | | | | | | | | | | | | 文化程度 | | | | | | | | |  | | | |
| 现持适任证书（如有） | | | | 类别职务 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 发证机构 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 特殊培训  申请项目 | | | | 1000总吨以下油船 □ 1000总吨及以上油船 □  1000总吨以下散装化学品船 □ 1000总吨及以上散装化学品船 □  客船 □ 滚装船 □  高速船 □ 载运包装危险货物船舶 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请形式 | | | | 1.考试发证 □ 2.再有效换发 □ 3.遗失/污损补发 □ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最近五年水上资历 | 船名 | | | | | | 职务 | | | | 船舶总吨/主机功率 | | | | | | | | 任解职日期（年、月） | | | | | | | | | | | | 累计时间 |
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| 最近5年水上交通事故记录情况 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 提交材料清单 | | | □ 申请人身份证明复印件 □ 船员培训证明（原件）  □ 船员服务簿复印件 □ 其他  □ 申请人照片 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人或单位对以上所填内容和提交申报材料的真实性负责，并愿意承担相应的责任。  申 请 人 ： （个人签名或单位盖章） 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系人** | |  | | | | | | | | | | | **联系电话** | | | | | | | |  | | | | | | | | | | |
| **办理结果** | | **证书号码：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,有效期：\_\_\_\_\_\_\_\_\_\_\_\_至\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;**  **不予海事行政许可决定书编号：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、用黑色钢笔填写，字迹应清晰，如格内不够填写，请另附纸。“□”内适用打√，不适用打×。

2、申请人声明栏以个人名义申请者必须亲笔签名，以单位名义申请必须盖单位公章。

**内河船舶船员体检证明**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **申请 人 填 报 事 项** | **申 请 人 信 息** | **姓名** |  | | **性别** |  | | | | | | | **出生日期** | | | | | |  | | | | | | | | **籍贯** | | |  | | | |
| **身份证明名称** |  | | **号码** |  |  | |  | |  |  | |  | |  | | | |  |  |  |  |  | |  | |  |  | |  |  |  |
| **所在**  **部门** | **□甲板部 □轮机部 □其他** | | | | | | | | | | | | | | **联系电话：** | | | | | | | | | | | | | | | | |
| **申 告 事 项** | **本人如实申告 □具有 □不具有 下列疾病或者情况** | | | | | | | | | | | | | | | | | | | | | | | **照片** | | | | | | | | |
| □器质性心脏病 □癫 痫 □美尼尔氏症 □眩 晕  □癔 病 □震颤麻痹 □精神病 □痴 呆  □开放性结核病和其他严重损害健康的慢性病、传染病  □影响肢体活动的神经系统疾病等妨碍安全驾驶疾病  □吸食、注射毒品、长期服用依赖性精神药品成瘾尚未戒除  本人签名： | | | | | | | | | | | | | | | | | | | | | | |
|
| **医**  **疗**  **机**  **构**  **填**  **写**  **事**  **项** | | **身 高** | |  | | | | **体 重** | | | | | | |  | | | | | | | | | | **（医疗机构盖章）** | | | | | | | | |
| **视 力** | | **左眼:** | | | | | | | | | | | | | | | | | | | | |
| **右眼:** | | | | | | | | | | | | | | | | | | | | |
| **色 觉** | | **色盲 （有□ 无□） 色弱（有□ 无□）**  **夜盲症（有□ 无□）** | | | | | | | | | | | | | | | | | | | | | **年 月 日** | | | | | | | | |
| **听 力** | | **左耳:** | | | | | | **四 肢** | | | | | | | | **上肢:** | | | | | | | | | | | | | | | |
| **右耳:** | | | | | | **下肢:** | | | | | | | | | | | | | | | |
| **血 压** | |  | | | | | | **语言表**  **达能力** | | | | | | | |  | | | | | | | | | | | | | | | |
| **眼病及**  **其 他** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **医师结论** | |  | | | | | | | | **医师签名** | | | | | | | |  | | | | | | | | | | | | | | | |

**办理船员证书人员名单**

受理（不予受理）通知书或材料收存单编号： 工作单号：

**申办单位名称（盖章）： 海事机构确认（章）**

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| **船员证书名称** | |  | | | |
| 序号 | 姓名 | 类别等级职务 | 序号 | 姓名 | 类别等级职务 |
| 1 |  |  | 26 |  |  |
| 2 |  |  | 27 |  |  |
| 3 |  |  | 28 |  |  |
| 4 |  |  | 29 |  |  |
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| 7 |  |  | 32 |  |  |
| 8 |  |  | 33 |  |  |
| 9 |  |  | 34 |  |  |
| 10 |  |  | 35 |  |  |
| 11 |  |  | 36 |  |  |
| 12 |  |  | 37 |  |  |
| 13 |  |  | 38 |  |  |
| 14 |  |  | 39 |  |  |
| 15 |  |  | 40 |  |  |
| 16 |  |  | 41 |  |  |
| 17 |  |  | 42 |  |  |
| 18 |  |  | 43 |  |  |
| 19 |  |  | 44 |  |  |
| 20 |  |  | 45 |  |  |
| 21 |  |  | 46 |  |  |
| 22 |  |  | 47 |  |  |
| 23 |  |  | 48 |  |  |
| 24 |  |  | 49 |  |  |
| 25 |  |  | 50 |  |  |

注：1.受理（不予受理）通知书或材料收存单编号、工作单号由海事政务受理人员填写，并划掉

不适用的内容；2.其他内容由申办单位填写；3.本表一式两份，海事机构、申办单位各一份。

申办员签名： 第 页（共 页）