



SURVEYORS APPLICATION

Code: MCO-F-30

Review: 04

Date: 07-06-2023

I. PERSONAL INFORMATION

Name:			
Passport/ID Number:			
Date of Birth:			
Complete Address:			
Phone Number:		Mobile Number:	
Fax Number:		E-mail:	
Principal Geographical Area(s) for Service Activation:			

II. BUSINESS INFORMATION (If Applicable)

Name of the Organization:			
Complete Address:			
Business Phone Number:			
E-mail:			

III. SURVEYOR/ AUDITOR EXPERIENCE

DATE (From – To)	TIME SPENT (Years & Months)	WORK EXPERIENCE AND TITLE OF EACH POSITION (Concise explicit statement, including name of Recognized Organization, magnitude and complexity of work, duties and degree of responsibility.)	QUANTITY OF SURVEY/ AUDITS

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IV. SUPPORTING DOCUMENTS AND TRAINING EVIDENCES

1. University Diploma (Nautical or Naval or Physical Science or Engineering or Equivalent)	<input type="checkbox"/>
2. Officer Licenses if applicable	<input type="checkbox"/>
3. Copy of Resume/ CV	<input type="checkbox"/>
4. Marine Surveys Training Certificates	<input type="checkbox"/>
5. ISPS Auditor Training Certificate	<input type="checkbox"/>
6. ISM Lead Auditor Training Certificate	<input type="checkbox"/>
7. Reference Letters (past and actual employments) if any	<input type="checkbox"/>
8. Valid Passport copy	<input type="checkbox"/>
9. Translated documents must be notarized (Documents No.1,2 and 8) if applicable	<input type="checkbox"/>
10. Passport Photo	<input type="checkbox"/>
11. Any other document of relevance (Please specify)	<input type="checkbox"/>

Undersigned applicant/surveyor declares that all information provided in this application is true and correct.

Name: _____

Date: _____

Exclusive for MCO Head Office use

Application Approved:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Status:					
Junior Surveyor/ Auditor	<input type="checkbox"/>	Surveyor/ Auditor	<input type="checkbox"/>	Senior Surveyor/ Auditor	<input type="checkbox"/>
Comments:					

Evaluated by: _____