



Australian Maritime College
 An institute of the University of Tasmania
Office of Maritime Communications (OMC)
 Locked Bag 1394, Launceston, Tasmania. 7250
 Telephone 1300 365 262, www.amcom.amc.edu.au

Application for INITIAL issue of Marine Satellite Certificate of Endorsement (MSCCE) and Exam Answer Sheet

OMC003 (Apr 11)

| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="background-color: #e0e0e0;">Applicant Details (minimum age is 16 years)</th> </tr> <tr> <td colspan="2">Surname (please print):</td> </tr> <tr> <td colspan="2">Given Names:</td> </tr> <tr> <td>Mr:</td> <td>Ms: Other:</td> </tr> <tr> <td colspan="2">Date of Birth:</td> </tr> <tr> <td colspan="2">Country of Birth:</td> </tr> <tr> <td colspan="2">Town of Birth:</td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Contact Details</th> </tr> <tr> <td colspan="2">Daytime: ()</td> </tr> <tr> <td colspan="2">Mobile:</td> </tr> <tr> <td colspan="2">Email address:</td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Residential Address</th> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>State:</td> <td>Postcode:</td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0; text-align: center;">Incomplete Application/Answer Sheet</th> </tr> <tr> <td colspan="2"> <p>The Office of Maritime Communications does not accept incomplete applications. On receipt of an incomplete application a letter will be sent to the applicant stating that by 30 days from the date of the letter the applicant must forward the missing data otherwise the examination paper will be cancelled and the payment forfeited.</p> </td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Fees—Payable on Application</th> </tr> <tr> <td colspan="2"> <p>The examination fee is the current fee as published on our website www.amcom.amc.edu.au. Late payment will be subject to published charges at date of payment.</p> </td> </tr> <tr> <td colspan="2"> <p>Please note: candidates for the on-line examinations will not be given access to the on-line system until payment has been made. 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Endorsement: Print your name clearly on the back of the photograph and have it signed by the Examination Invigilator </td> <td style="width: 30%; vertical-align: top;"> Attach one current COLOUR passport style & quality photograph of yourself here. </td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Release of information to a third party agreement</th> </tr> <tr> <td colspan="2"> In accordance with the Privacy Act 1998, if you require the result of your examination to be released to your Invigilator and/or Training Organisation you must tick the release of information box. </td> </tr> <tr> <td colspan="2"> I permit the release of my name and results to my Invigilator and/or Training Organisation associated with my Invigilator <input type="checkbox"/> </td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Declaration</th> </tr> <tr> <td colspan="2"> I certify that I do not suffer an incapacity that would prevent me from correctly sending and receiving messages via a Inmarsat-C terminal. I am the holder of a valid Australian radiotelephony certification (copy attached). To the best of my knowledge, the information given by me on this application is true and correct in every detail. </td> </tr> <tr> <td colspan="2"> Signature of Applicant: _____ Date: _____ </td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">Examination details - refer invigilator</th> </tr> <tr> <td colspan="2"> Tick box for : <input type="checkbox"/> On-line exam, www.amcom.amc.edu.au <input type="checkbox"/> Booklet exam, Answer Sheet on reverse side </td> </tr> <tr> <td colspan="2">Invigilator:</td> </tr> <tr> <td colspan="2">Place:</td> </tr> <tr> <td>Day:</td> <td>Date:</td> </tr> <tr> <td colspan="2"> For On-line examination option— examination time (Tas Time ie 15:00hrs): </td> </tr> <tr> <th colspan="2" style="background-color: #e0e0e0;">OMC Office use only:</th> </tr> <tr> <td>Date Received:</td> <td>Date Accepted:</td> </tr> <tr> <td colspan="2">Receipt Number:</td> </tr> <tr> <td>Result:</td> <td>/25 = % Pass Fail</td> </tr> <tr> <td colspan="2">Examiner:</td> </tr> <tr> <td colspan="2">Certificate Number:</td> </tr> <tr> <td colspan="2">Date Result Notified:</td> </tr> </table> | Photo— name on back endorsed by Invigilator | | <ul style="list-style-type: none"> Please supply one current, colour passport size photograph of yourself (no hats, sunglasses or other obstructions). 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| Applicant Details (minimum age is 16 years) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname (please print): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Given Names: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr: | Ms: Other: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Country of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Town of Birth: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Details | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daytime: () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Residential Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| State: | Postcode: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Incomplete Application/Answer Sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Fees—Payable on Application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| By the Invigilator/Training Organization. | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By me—Cheque/ Money Order payable to the University of Tasmania. | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By online payment at www.amcom.amc.edu.au | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt Number:- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cardholder's Signature: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By Visa or MasterCard: | Expiry Date: ____ / ____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Photo— name on back endorsed by Invigilator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Release of information to a third party agreement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I permit the release of my name and results to my Invigilator and/or Training Organisation associated with my Invigilator <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Signature of Applicant: _____ Date: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Examination details - refer invigilator | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Invigilator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Day: | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| OMC Office use only: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Received: | Date Accepted: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Receipt Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Result: | /25 = % Pass Fail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Examiner: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Certificate Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date Result Notified: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Marine Satellite Certificate of Proficiency
(MSCCE) answer sheet**

Students Name.....

Examination paper.....
(See front of booklet ie Razza Red 1395)

With a pencil shade in the oval under the letter for the answer.

If you change your mind either erase the incorrect answer or put X through it and then shade in the correct answer.

NOTE : This answer sheet does not apply to ON_LINE EXAMINATIONS

| | | | | |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| | A | B | C | D |
| 1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 4 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 5 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 6 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 7 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 8 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 9 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 10 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 11 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 12 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 13 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 14 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 15 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 16 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 17 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 18 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 19 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 20 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | |
|----|-----------------------|-----------------------|-----------------------|-----------------------|
| | A | B | C | D |
| 21 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 22 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 23 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 24 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | A | B | C | D |
| 25 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Notes: