



REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF TRANSPORTATION
MARITIME INDUSTRY AUTHORITY

ANNEX III

SIMULATOR PRACTICAL OPERATIONAL EXPERIENCE LOG

(STCW code, Section A-1/6, Par. 4.31)

For applicant-instructors of Approved Training Program using Simulator

NAME (Last, First Name MI) _____

Simulator Manufacturer _____

Model: _____

MTI Location: _____

| Date/ Month/ Year | Batch No. of Training Class Attended | Time Start End | Total Hours & Mins. | Training Course and ILO of Exercise Attended | Name & Signature of the Supervising Instructor | Signature of Applicant Instructor |
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Notes of Supervising Instructor regarding the ability of applicant to Instruct using this particular simulator model:

Signature over Full Name of Applicant Instructor:

Notes:

1. Candidate must complete minimum of 20 hours on at least 10 separate days.
2. The Administration may subject the applicant-instructor to demonstration at any time, even after the issuance of a Certificate of Accreditation.
3. Candidate is required to separately complete IMO Model Course 6.10 or similar approved training program.
4. This document must be certified true copy by the issuing institution



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ANNEX III

PRACTICAL ASSESSOR'S EXPERIENCE LOG

(STCW code, Section A-1/6, Par. 6.4)

For applicant-assessors of competence under STCW (ATP's)

NAME (Last, First Name MI): _____

MTI's Name: _____

Location: _____

| Date/ Month/ Year | Batch No. of Assessment Attended | Time Start End | Total Hours & Mins. | Training Course and Assessment Outcome of Assessment Attended | Name & Signature of Assessor | Signature of Applicant Assessor |
|-------------------------|---|----------------------|---------------------------|--|------------------------------------|------------------------------------|
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Notes of Supervising Assessor regarding the ability of applicant to conduct assessment:

Signature over Full Name of Applicant Assessor:

Notes:

1. Candidate must complete minimum of 20 hours on at least 10 separate days.
2. The Administration may subject the applicant-assessor to demonstration at any time, even after the issuance of a Certificate of Accreditation.
3. Candidate is required to separately complete IMO Model Course 3.12 or similar approved training program.
4. This document must be certified true copy by the issuing institution



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ANNEX III

SIMULATOR PRACTICAL ASSESSOR'S EXPERIENCE LOG

(STCW code, Section A-1/6, Par. 6.5)

For applicant-assessors of Approved Training Program using Simulator

NAME (Last, First Name MI) _____

Simulator Manufacturer _____ Model: _____

MTI Location: _____

| Date/ Month/ Year | Batch No. of Assessment Attended | Time Start End | Total Hours & Mins. | Training Course/Level of Responsibility/ Assessment Outcome of Assessment Attended | Name & Signature of Assessor | Signature of Applicant/ Assessor |
|-------------------------|---|----------------------|---------------------------|--|---------------------------------------|--|
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Notes of Supervising Assessor regarding the ability of applicant to conduct assessment using this particular simulator model:

Signature over Full Name of Applicant Assessor:

Notes:

1. Candidate must complete minimum of 20 hours on at least 10 separate days.
2. The Administration may subject the applicant-instructor to demonstration at any time, even after the issuance of a Certificate of Accreditation.
3. Candidate is required to separately complete IMO Model Course 6.10 or similar approved training program
4. This document must be certified true copy by the issuing institution