

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	Time Start End	Total Hours & Mins.	Type of Exercise	Name & Signature of Supervising Instructor	Signature of Applicant/Instructor

Notes of Supervising Instructor regarding the ability of applicant to use this particular simulator model:

Signature over Full Name of Applicant
Instructor:

1. Notes:
2. Candidate must complete minimum of 20 hours on at least 10 separate days.
3. The Supervisor/s must have been previously approved by the Administration
4. The Administration may subject the applicant-instructor to demonstration at any time, even after the issuance of a Certificate of Accreditation.
5. Candidate is required to separately complete IMO Model Course 6.10 or similar approved training program.
6. This document must be accomplished in 3 original copies, with one copy to be submitted to the MTI.

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 Location:

Date/ Month/ Year	Time Start End	Total Hours & Mins.	Type of Assessment (Competency)	Name & Signature of Supervising Assessor	Signature of Applicant/Instructor

Notes of Supervising Instructor regarding the ability of applicant to use this particular simulator model:

Signature over Full Name of Applicant
 Instructor:

1. Notes:
2. Candidate must complete minimum of 20 hours on at least 10 separate days.
3. The Supervisor/s must have been previously approved by the Administration
4. The Administration may subject the applicant-instructor to demonstration at anytime, even after the issuance of a Certificate of Accreditation.
5. Candidate is required to separately complete IMO Model Course 6.10 or similar approved training program.
6. This document must be accomplished in 3 original copies, with one copy to be submitted to the MTI.

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) _____ Model _____

SIMULATOR MANUFACTURER _____ :

MTI Location:

Date/ Month/ Year	Time Start End	Total Hours & Mins.	Type of Assessment (Competency)	Name & Signature of Supervising Assessor	Signature of Applicant/Instructor

Notes of Supervising Instructor regarding the ability of applicant to use this particular simulator model:

Signature over Full Name of Applicant
Instructor:

1. Notes:
2. Candidate must complete minimum of 20 hours on at least 10 separate days.
3. The Supervisor/s must have been previously approved by the Administration
4. The Administration may subject the applicant-instructor to demonstration at any time, even after the issuance of a Certificate of Accreditation.
5. Candidate is required to separately complete IMO Model Course 6.10 or similar approved training program
6. This document must be accomplished in 3 original copies with one copy to be submitted to the MTI.