



REPUBLIC of SAN MARINO
MARITIME AUTHORITY

MAIN CONTACT: SAN MARINO SHIP REGISTER

PH: +378 (0549) 960075 | FAX: +378 (0549) 941305 | EMAIL: info@smsr.sm

FORM 11 – Application for the authorization as training centre for specialized maritime training

(in accordance with art. 2, f), of Regulation n. 6 of 16 February 2024)

Please fill out the below form in digital form.

1. Training Centre details			
Company registration number			
Address			
City		Region/State	
Country		VAT number	
Legal Representative's name			
Legal Representative's address			
Nationality		ID number	
Telephone		E-mail	

Application for

Authorization of the aforementioned company as training center for providing the below specialized maritime training courses, in accordance with art. 2 of Applicative Regulation SMMAR – 2024-ADM-002
(please select one or more training courses)

<input type="checkbox"/> Basic and Advanced Fire-Fighting	<input type="checkbox"/> Personal Survival Techniques
<input type="checkbox"/> Elementary first aid	<input type="checkbox"/> Security Awareness
<input type="checkbox"/> GMDSS (restricted operator certificate – ROC)	<input type="checkbox"/> Radar Base and ARPA
<input type="checkbox"/> Personal safety and social responsibility	<input type="checkbox"/> ECDIS
<input type="checkbox"/> Survival Craft and rescue boat	

2. Supporting documents	
<input type="checkbox"/> Syllabi and training material (in accordance with art. 3)	<input type="checkbox"/> UNI EN ISO 9001:2015 certificate copy
<input type="checkbox"/> ID of the Legal Representative	<input type="checkbox"/> Company register extract
<input type="checkbox"/> List of trainers and copies of titles and teaching qualifications (in accordance with art. 4)	<input type="checkbox"/> Company organisational chart



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3. Declaration

I, the undersigned, aware of the penalties in force in the Republic of San Marino, hereby declare that the particulars given on this application are true in every respect and exonerate the San Marino Maritime Navigation Authority of all liability.

I agree to pay all charges in connection with this application and ongoing charges in accordance with the current fee scheme.

Name of the Legal Representative in block letters (The Applicant):

Role:

ID number:

Date:

Signature: