



**REPUBLIC of SAN MARINO**  
**MARITIME AUTHORITY**

**MAIN CONTACT: SAN MARINO SHIP REGISTER**

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

***FORM 12 – Application for the Provision of Study Programs Restricted to Individuals Interested in the implementation of educational courses with the aim of obtaining limited Certificates of Competency (CoC) of officers in charge of a navigational watch and of masters on ships of less than 500 gross tonnage, on near coastal voyage, up to 60 miles from a landfall, limited for yachts engaged in trade pursuant to Article 10, Paragraph 3 of Regulation n° 6 of February 16, 2024.***

*Please fill out the below form in digital form.*

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

2. Supporting documents	
<input type="checkbox"/> Syllabi and training material (in accordance with art. 3 point 1 and 2 of the Reg. n.6/2024)	<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 of the Reg. n.6/2024)	<input type="checkbox"/> Company organisational chart



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3. Declaration	
<p>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.</p> <p>I agree to pay all charges in connection with this application and ongoing charges in accordance with the current fee scheme.</p>	
Name of the Legal Representative in block letters (The Applicant):	Role:
Date:	Signature: