



ANNEX 16



RECORD OF EXPERIENTIAL TRAINING

(INLAND WATERS and/or SEA)

TRAINEE NAME AND SURNAME		*			ID NUMBER			I, the skipper, declare that the named trainee was onboard the vessel and was under my tuition during the stated voyage.
DEPART'R DATE & TIME	ARRIVAL DATE & TIME	TRAINING HOURS (DAY)	TRAINING HOURS (NIGHT)	VESSEL NAME AND MARKING	<9M OR >9M	NATURE OF VOYAGE	CERTIFICATED SKIPPER CoC NUMBER, NAME AND SURNAME	
								SIGNATURE
TOTAL RECORDED EXPERIENTIAL TRAINING				I, the applicant, declare that the experiential training recorded above is a true reflection of the time spent in training to be a skipper of a small vessel, as described in the SAMS SA Policy.			DATE * TRAINEE NAME and SURNAME	