



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. SIGNATURE
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 CoCNUMBER, NAME AND SURNAME		
TOTAL RECORDED EXPERIETAL 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 Policy.				DATE TRAINEE NAME and SIGNATURE	