

RATING FORMING PART OF A NAVIGATIONAL WATCH (RFPNW)

NAME: _____ SOCIAL SECURITY #: _____

CLERK INITIALS	GENERAL REQUIREMENTS Reference 46 CFR 12.05 ; Policy Letter 14-02	REFERENCE	EVAL INITIALS
* An applicant who has taken an approved course but has NOT completed the assessments and service may be issued an STCW Certificate limited to lookout duties only.			
1.	General Requirements Complete		1.
2.	SERVICE: Only actual seagoing service acceptable. No sea service equivalency permitted. One day of approved seagoing service is 8 hours (or two 4 hour periods on two different days) associated with navigational watchkeeping functions that involves the performance of duties carried out under the direct supervision of the master, the officer in charge of the navigational watch, or an Able Seaman who holding an STCW Certificate. Either: A. Approved RFPNW training program and 60 days of approved seagoing service OR B. 180 days of approved seagoing service	Policy Letter 14-02	2.
3.	TONNAGE: Service must be on vessels of at least 200 GRT.		3.
4.	TRAINING: A. Current competencies in Basic Safety Training. B. Approved course (lookout duties only).		4.
5.	TESTING REQUIRED? No.		5.
6.	COMPETENCY ASSESSMENTS: Ensure all practical assessments from Enclosure 1 of Policy Letter 14-02 are completed.	Policy Letter 14-02, Enc. 1	6.

NOTES: _____

 Evaluator's Signature and Date (Pending)

 Evaluator's Signature and Date (Approved)

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Refer to the [Deck Exam Guide](#) for the most recent information.

STCW Certificate:

_____ Rating Forming Part of a Navigational Watch

_____ Rating Forming Part of a Navigational Watch (lookout duties only)

_____ Proficient in Survival Craft

_____ Proficient in Survival Craft Limited to Vessels not Equipped with Lifeboats (XXX)

Place following endorsement(s) on MMD:

_____ Able Seaman (*see Able Seaman Checklist*)

_____ Lifeboatman

_____ Lifeboatman Restricted to Vessels not Equipped with Lifeboats

_____ Entry Ratings: Wiper, Steward's Department (FH), Ordinary Seaman (*if applicable*)

_____ Other: _____

HIGHLIGHT IF APPLICABLE:

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

OK TO ISSUE (Circle Credential(s) Being Issued):

License

MMD

STCW