# Candidate Name-………………………………………

# Age- under 25 Y/N, 25-40 Y/N, 40 plus Y/N

# Company Detail

|  |  |  |
| --- | --- | --- |
| Company Name- | Type of business (delete as appropriate) | Area of operation- |
|  | Passenger/Freight  Training/Other | Full/partial LKE area |

# Knowledge Level

|  |  |  |
| --- | --- | --- |
| Exam requirement  BML/Boat Specific LKE | Knowledge level-  New Starter/Refresher | Years of experience if any |
|  |  |  |

# What are your boat skills/qualifications

|  |
| --- |
|  |

# Anything else we should know about your vessel or operation

|  |
| --- |
|  |

Date form completed Click here to enter a date. Completed by -