



ANNEX 16

RECORD OF EXPERIENTIAL TRAINING  
(INLAND WATERS and/or SEA)



TRAINEE NAME AND SURNAME		TRAINING HOURS			VESSEL NAME AND MARKING	ID NUMBER		CERTIFICATED SKIPPER CoC NUMBER, NAME AND SURNAME	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)	<9M OR =9M		NATURE OF VOYAGE					
<b>TOTAL RECORDED EXPERIENTIAL TRAINING</b>										<b>DATE</b>	<b>TRAINEE NAME and SIGNATURE</b>

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 SAMSA Policy.



ANNEX 16a

RECORD OF SURF LAUNCHES UNDERTAKEN DURING TRAINING  
(See Small Vessel Policy regarding compliance.)



I, the observing skipper, declare that the named applicant successfully launched the vessel through the surf, from an approved launch sight, and safely returned to the beach during high energy surf conditions.  
SIGNATURE

APPLICANT NAME & SURNAME		ID NUMBER		OBSERVING SKIPPER NAME AND SURNAME	OBSERVING SKIPPER COC NUMBER	OBSERVING SKIPPER TELEPHONE No	OBSERVING SKIPPER FULL ADDRESS
SURF LAUNCH DATE AND TIME	TYPE OF VESSEL	SURF CONDITIONS & LOCATION					
No							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I, the applicant, declare that the surf launches recorded above are a true reflection of the time spent in training towards the issue of a Surf Launch endorsement and that I feel that I am competent to safely undertake this method of launching a vessel.

DATE TRAINEE NAME and SIGNATURE