

## IYT SEA SERVICE TESTIMONIAL FOR MASTER & DECK OFFICERS

(For use in respect of service on commercially and privately operated vessels)

### Part 1 – Service

This is to certify that:

Name	
Email address	
Date of birth	

Has served in **CAPACITY** of: Master / Chief Mate / OOW / Deckhand / \_\_\_\_\_

#### ON BOARD:

Vessel name			
Flag			
Official No.			
Type (M/Y, S/Y, other)			
Length-metres			
GT			
From: (i.e., <b>onboard yacht service</b> )  Format: dd/mm/yyyy		Until: (do not leave blank as testimonial will be invalid)	

The above service includes:

<b>Actual Days at Sea:</b> associated with a 24-hour passage - vessel at sea under way (at anchor) for 16 hours or less & underway making way for 8 hours or more.	days
<b>Stand-by Service:</b> (CANNOT EXCEED DAYS AT SEA - time immediately following a voyage, waiting for owner, uniformed/ready to depart. Max 14 consecutive days)	days
<b>Shipyard Service:</b> (max. 90 days allowed)	days
<b>Watchkeeping:</b> acting in the capacity of Officer of the Watch or watchkeeper. (Navigation watch - can be counted on cumulative basis: every 8 hours = 1 day of watch keeping service - CANNOT BE HIGHER THAN ACTUAL DAYS AT SEA)	Days And/or Hours
<b>Total Night Watch Hours:</b>	Hours
<b>Total Nautical Miles:</b>	Nautical Miles

Days of leave of absence:	days
<b>Areas cruised, rotation</b>	

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### Part 2 – Official endorsement

PLEASE NOTE THAT FALSE INFORMATION OR VERIFICATION SUBMITTED COULD LEAD TO THE  
WITHDRAWAL OF THE SIGNING OFFICER'S CoC

**IMPORTANT:** By signing this testimonial, you agree for your personal details (name, email, CoC number and position) to be passed on to IYT to verify that the information provided above is correct. **If Master of vessel and signing on behalf of yourself, when possible, have signed by yacht owner or management company. If not possible, please sign as Master declaring this testimonial accurate.**

Signature		
Name		
Date (dd-mm-yyyy)		
Capacity – please circle	Owner / Master / Responsible Person in Management Company	
If you are signing this testimonial as Master, please provide this information.	CoC No.	
	CoC issuing authority	
	Tel.	
	EMAIL ADDRESS for verification purposes (If left blank expect delays)	
If signing as Responsible Person: <b>Owner or Management Company</b>	Position	
	Organisation and Address	
	Tel.	
	EMAIL ADDRESS for verification purposes (If left blank expect delays)	

Yacht / Company Stamp