



REPUBLIC of SAN MARINO
MARITIME AUTHORITY

MAIN CONTACT: SAN MARINO SHIP REGISTER

PH: +378 (0549) 960075 | FAX: +378 (0549) 941305 | EMAIL: info@smsr.sm

**FORM 12 – Application for the authorisation to Offer Study Programs Restricted to
Individuals Interested in Providing Training Courses for the Attainment of the
Professional Title of Commercial Yacht Captain for Vessels Under 500 GT Engaged in
Near-Coastal Voyages
(in accordance with art. 2, subsection 1 letter c of Regulation n. 6 of 16 February 2024
and art. 2 subsection 1 of the regulation SMMAR – 2025-ADM-003)**

Please fill out the below form in digital form.

1. Training Centre details			
Company Name			
Address			
City		Region/State	
Country		VAT number	
Legal Representative's name			
Legal Representative's address			
Nationality		ID number	
Telephone		E-mail	

Application for

Authorisation to provide professional educational training aimed at attaining the maritime professional title of Commercial Yacht Captain for vessels under 500 GT engaged in coastal voyages, as stipulated by Regulation II/3 of the STCW 78 Convention, as amended.

2. Supporting documents	
<input type="checkbox"/> Syllabi and training material (in accordance with art. 3 point 1 and 2 of the Reg. n.6/2024)	<input type="checkbox"/> UNI EN ISO 9001:2015 certificate copy
<input type="checkbox"/> ID of the Legal Representative	<input type="checkbox"/> Company register extract
<input type="checkbox"/> List of trainers and copies of titles and teaching qualifications (in accordance with art. 4 of the Reg. n.6/2024)	<input type="checkbox"/> Company organisational chart



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3. Declaration	
<p>I, the undersigned, aware of the penalties in force in the Republic of San Marino, hereby declare that the particulars given on this application are true in every respect and exonerate the San Marino Maritime Navigation Authority of all liability.</p> <p>I agree to pay all charges in connection with this application and ongoing charges in accordance with the current fee scheme.</p>	
Name of the Legal Representative in block letters (The Applicant):	Role:
Date:	Signature: