

**Joint Rig Committee  
Marine Warranty Surveyor Information Form**

<b>Name</b>	<b>Date of Issue</b>	<b>Version</b>	<b>Changes</b>
JR2019-009	03 September 2019	1	Original

## **Marine Warranty Surveyor (MWS) Information Form (JR2019-009)**

<b>Applicant Information</b>
Full Name:
Contact Telephone <i>(including country code)</i> :
Work E-Mail address:
<b>Professional Qualifications / Licenses</b>
<b>University Degree</b>
Type and Subject of Degree:
University of Study <i>(Name, City, Country)</i>
Year of Graduation:
<b>Professional / Chartered Engineer</b>
Professional / Chartered Engineer Qualification:
Institution, Professional Organization or State Licensing Board conferring professional / chartered status: <i>(Name, City, Country)</i>
Registration / Membership Number:
Dates held: <i>(from MM:YYYY - to MM:YYYY)</i>
<b>Professional / Licensed Merchant Marine</b>
Highest Licensed Rank:
Limitations / Endorsements:
STCW Endorsed:
Dates held: <i>(from MM:YYYY - to MM:YYYY)</i>
License Issued by:
Registration / Membership Number:
Dates held <i>(from MM:YYYY- to MM:YYYY)</i> :
<b>Other (Relevant Military / Industrial / Seagoing experience)</b>
Highest Rank / Qualification:
Institution, Organization, Branch of the Military conferring the above: <i>(Name, City, Country)</i>
Dates held <i>(from MM:YYYY- to MM:YYYY)</i> :
Other:
<b>Employment History <i>(most recent first)</i></b>
Employer: <i>(Name, City Country)</i>
Website:
Dates of Employment: <i>(from MM:YYYY - to MM:YYYY)</i>
Position / Title:
Type of Work undertaken:
Estimated time spent on MWS activities (months):

Employer: (Name, City Country)	
Website:	
Dates of Employment: (from MM:YYYY - to MM:YYYY)	
Position / Title:	
Type of Work undertaken:	
Estimated time spent on MWS activities (months):	
Employer: (Name, City Country)	
Website:	
Dates of Employment: (from MM:YYYY - to MM:YYYY)	
Position / Title:	
Type of Work undertaken:	
Estimated time spent on MWS activities (months):	
Employer: (Name, City Country)	
Website:	
Dates of Employment: (from MM:YYYY - to MM:YYYY)	
Position / Title:	
Type of Work undertaken:	
Estimated time spent on MWS activities (months):	
Employer: (Name, City Country)	
Website:	
Dates of Employment: (from MM:YYYY - to MM:YYYY)	
Position / Title:	
Type of Work undertaken:	
Estimated time spent on MWS activities (months):	
<i>Please attach a separate sheet if additional employment history is available.</i>	
<b>Knowledge and Experience</b>	
Do you understand the following:	
The role and responsibilities of the MWS	(YES / NO)
The relevant JRC MWS Code of Practice	(YES / NO)
The general subjects / items to be addressed during the overall MWS review / approval process which leads to a MWS Certificate of Approval	(YES / NO)
The implications of issuance of a Certificate of Approval	(YES / NO)

Indicate your relative experience / knowledge of each of the following, with respect to the planning, design and execution of marine operations, by filling the box which best represents the total time you have spent on that aspect of MWS activities in your career to date. (Note that the overall total of months should correlate with the total estimated time spent on MWS activities provided in your employment history):

Time (Months):	Less than 3	3 to 5	6 to 8	9 to 11	12 to 17	18 to 23	24 to 35	36 to 59	More than 59
MWS Activity:									
Document review - Methodology / procedures:									
Document review - Design / engineering / analysis:									
Suitability Surveys of Vessels / Equipment:									
Risk Assessment - e.g.: HAZIDs, project risk assessments, etc:									
Site attendance - loadout / offload operations:									
Site attendance - Voyage preparation / sailaway / marine transport operations:									
Site attendance - Installation / removal operations:									

## Data Protection

Please note that by providing your personal data in this JRC MWS Information Form we will process your data only to ascertain your ability to perform work under the relevant JRC COP and SOW. Your personal data will be processed in accordance with the laws or regulations governing data protection.

## Certification of Information

I hereby certify that the information contained in this JRC MWS Information Form is true and correct.

I hereby give my permission for Insurers to contact present and former employers and other relevant parties as may be deemed necessary to support evaluation of my credentials, and I hereby agree to provide any additional pertinent data that may be requested as part of the evaluation process.

I understand and consent to the information contained herein, together with any personal data provided on this form being processed by insurer(s) for its sole use for the purpose of assessing my competency to undertake the work contained within the relevant JRC COP and SOW.

.....  
Applicant Signature

.....  
Date