



香港特別行政區政府海事處

MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

P

遊樂船隻操作人合格證明書申請表  
Application for a Pleasure Vessel Operator Certificate of Competency

商船(本地船隻)條例(第 548 章)

Merchant Shipping (Local Vessels) Ordinance, Cap. 548

請選擇考試類別並於適當的方格內加上[✓] 號 Please select the examination and tick the appropriate box

- a) 二級  總長度不超過 15 米  
Grade 2 of not more than 15 m in length overall
- b) 一級  任何遊樂船隻  
Grade 1 any pleasure vessel

姓 Surname 名 Other Names

申請人姓名 Name of Applicant \_\_\_\_\_ ( 英文 in English ) \_\_\_\_\_ ( 中文 in Chinese )

香港身份證 / 護照號碼 H.K.I.D. / Passport No. \_\_\_\_\_ 出生日期 Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
日 Day 月 Month 年 Year

國籍 Nationality \_\_\_\_\_ 性別 Sex \_\_\_\_\_

地址 Address \_\_\_\_\_

日間聯絡電話 Daytime Tel. No. \_\_\_\_\_

相片  
Photograph

列明現時持有的有效遊艇合格證明書及證書編號:  
Type of existing valid Pleasure Vessel Certificate of Competency and its certificate number, if any:  
該證書及申請人的香港身份證或護照的正本及影印副本必須一同呈交以作核對。  
Original and photocopy of the certificate and applicant's H.K.I.D. are also required to be submitted for verification.  
本人身體並無殘缺 / 如有者請列明:  
I do not suffer from any physical handicap / Please list out if you have any physical disability:

曾參與認可的訓練課程 / 考取的資格: Recognized Training Courses attended / Qualification obtained: Email = \_\_\_\_\_

曾參與的訓練課程或考取的資格 Course attended or Qualification obtained	訓練機構 Training Institute	參與訓練日期 Dates of Attendance		本處專用 FOR OFFICIAL USE ONLY
		由 From	至 To	

本人謹此聲明,就本人所知所信,上述所填報的資料均屬正確無訛。  
I hereby declare that the above particulars are correct and true to the best of my knowledge and belief.

日期 Date \_\_\_\_\_ 申請人簽署 Signature of Applicant \_\_\_\_\_

- 注意 Notes :-
- 填報失實,即屬違法,特此警告。  
Applicants are warned that it is an offence to make a false declaration.
  - 申請人所提供的資料會用作申請證明書之用,並可能送交執法機構及有關部門,以便進行與其有關的事宜。  
The information provided will be used for application for a certificate and may be divulged to departments/agencies authorised to process the information for the mentioned purpose.
  - 成功申請人的有限個人資料也會用於海事處的互聯網網頁以供第三者查證本處所發出的證書。  
Limited personal data of successful applicants may be used via the Marine Department's Internet web site for verification of the issued certificate by any third party.

通訊地址 (請填妥以下各部份) Correspondence Address (Please complete the following parts)

姓名 Name \_\_\_\_\_  
地址 Address \_\_\_\_\_

姓名 Name \_\_\_\_\_  
地址 Address \_\_\_\_\_

本處專用 OFFICIAL USE ONLY

Eyesight Test Result:

Tested by  CRT  Doctor on \_\_\_\_\_

Test Result: Distance: \*Passed / Failed \*with / without aids Colour: \*Passed / Failed

Restrictions:  Day Time Operation Only

Corrective lenses required

Others \_\_\_\_\_

Signature of Candidate: \_\_\_\_\_ Signature of Examiner \_\_\_\_\_

Examination Result:

Receipt No. _____ (Written) Date _____ Time _____ Result _____ (Oral) Date _____ Time _____ Result _____ Remarks _____ Signature of Examiner _____ Date _____
Receipt No. _____ (Written) Date _____ Time _____ Result _____ (Oral) Date _____ Time _____ Result _____ Remarks _____ Signature of Examiner _____ Date _____
Receipt No. _____ (Written) Date _____ Time _____ Result _____ (Oral) Date _____ Time _____ Result _____ Remarks _____ Signature of Examiner _____ Date _____
Receipt No. _____ (Written) Date _____ Time _____ Result _____ (Oral) Date _____ Time _____ Result _____ Remarks _____ Signature of Examiner _____ Date _____

Exemption:

Holding recognized qualification. Exempted from PVOC Grade *2 / 1 examination Holder of _____ Certificate No. _____ Date of Issue _____ Signature of Examiner _____ Date _____
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\* Delete where appropriate