



South African Sailing

Appointed Authorised Agent of South African Maritime Safety Authority (SAMSA)

Northvaal Sailing Authority

(Incorporating Gauteng, Mpumalanga, North West, Limpopo, Free State and Northern Cape)

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 E-mail daphne@sailing.org.za
 NSA Web site www.sailrsa.org.za
 SAS Web site www.sail.org.za

Lake Grounds, Germiston
 PO Box 15341
LAMBTON
 1414

APPLICATION FOR EXEMPTION (SAILING) DAY SKIPPER INLAND WATERS CERTIFICATE >9m

I hereby submit my application together with the application fee of R400 and attach the following supporting documentation: i) 2 x Colour Identification Photographs (size 23mm x 29mm) ii) A Copy of my Identity Document iii) Completed Optometrist Report iv) Proof of payment or a cheque payable to SA Sailing. <u>SA Sailing Banking Details:</u> Standard Bank – Thibault Square Branch Code – 020 909 Account No. 070 883 025	FOR OFFICE USE
	(official to tick appropriate box below)

APPLICANTS PERSONAL DETAILS:	Yes	No																			
Surname:	<input type="checkbox"/>	<input type="checkbox"/>																			
Christian Name/s:	<input type="checkbox"/>	<input type="checkbox"/>																			
Identity Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																				<input type="checkbox"/>	<input type="checkbox"/>
Postal Address:																					
..... Code:	<input type="checkbox"/>	<input type="checkbox"/>																			
Contact Numbers: (w) (h)	<input type="checkbox"/>	<input type="checkbox"/>																			
(c)																					
E-mail Address: Fax No.....	<input type="checkbox"/>	<input type="checkbox"/>																			
CLUB MEMBERSHIP DETAILS:																					
Yacht Club of which candidate is presently a member:	<input type="checkbox"/>	<input type="checkbox"/>																			
No. of Years: SAS Membership No.....	<input type="checkbox"/>	<input type="checkbox"/>																			
Membership of previous Yacht Club/s:	<input type="checkbox"/>	<input type="checkbox"/>																			
No. of Years:	<input type="checkbox"/>	<input type="checkbox"/>																			
Are you in possession of a CASA Inland Certificate (tick appropriate box? (If YES submit copy)	YES	NO																			
	<input type="checkbox"/>	<input type="checkbox"/>																			

SUMMARY OF SAILING EXPERIENCE: <i>(This section must be completed in full and the relevant block ticked)</i>	FOR OFFICE USE
a) Type of Yacht: Size: <input type="checkbox"/> ≤ 9m <input type="checkbox"/> > 9m As Helmsman: Hours: <input type="text"/> Or Miles: <input type="text"/> As Crew: Hours: <input type="text"/> Or Miles: <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b) Type of Yacht: Size: <input type="checkbox"/> ≤ 9m <input type="checkbox"/> > 9m As Helmsman: Hours: <input type="text"/> As Crew: Hours: <input type="text"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c) Major Regatta's Entered: Regatta Name: Year: <input type="checkbox"/> helmsman <input type="checkbox"/> crew Regatta Name: Year: <input type="checkbox"/> helmsman <input type="checkbox"/> crew Regatta Name: Year: <input type="checkbox"/> helmsman <input type="checkbox"/> crew	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
d) Any further supporting information: (ie log book, sailing school attended, sailing cv etc.)	

Date: **Signature of Applicant:**

If Applicant is Under the age of 21:

Name of Parent / Legal Guardian: **Signature:**

FOR OFFICE USE:	
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
If No, Comment:	
Name of Official: (1)	Signature:
Name of Official: (2)	Signature:
Name of Official: (3)	Signature: