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F-NETI-354D

S.N. \_\_\_\_\_

## PDE ASSESSMENT RESULTS FOR

**Able Seafarer Deck**

(Position)

Last name	First name	Middle name	Suffix	Age
Passport No.		Passport Expiry Date:		Medical Expiry Date:
Position <b>Able Seafarer Deck</b>				Application Date
Address/Company Name				Receipt No.

DOCUMENTARY ASSESSMENT	COMPLIANT	NON-COMPLIANT
1. 2pcs 2 x 2 picture		
2. Valid Medical Certificate		
3. Latest Passport		
4. Seaman's Identification Records (front page and pages with last entry)		
5. Seafarers with Designated Security Duties with Security Awareness Training (SDSD With SAT)		
6. Basic Training Certificate / BT- COP		
7. PSCRB Training Certificate / PSCRB -COP (If any)		
8. Rating Forming Part of a Navigational Watch Training Certificate (IF ANY)		
9. Certificate of Proficiency For Rating Forming Part of a Navigational Watch (MARINA II/4)(IF ANY)		
10. Certificate of Proficiency for Able Seafarer Deck (MARINA II/5)		

### Result of Assessment:

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For submission of non-compliant documents

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Non-compliant documents were submitted and fully compliant

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Application is fully compliant

Assessor's Name and Signature \_\_\_\_\_

This is to certify that the name appearing above has (Passed / Failed) the documentary requirements.

Prepared by:

Reviewed by:

Approved by:

\_\_\_\_\_  
Assessor

\_\_\_\_\_  
Department / Section Head

\_\_\_\_\_  
General Manager