

COMMERCIALLY AND PRIVATELY OPERATED YACHTS AND
SAIL TRAINING VESSELS

YACHT RATING TESTIMONIAL

This is to certify that:

Full Name: _____

Date of Birth: ____/____/____

has served on the yacht/sail training vessel*(name)

Motor/Sail* Length (m) _____ Gross Tons (gt) _____

Type of Vessel _____

Between ____/____/____ and ____/____/____

During this period of service, the above-named has served as a Rating for

_____ months _____ days

The above service includes _____ months _____ days of actual sea service time.

My report on the above-named during this period is as follows:

Professional Conduct: _____

Ability: _____

Behaviour: _____

Signed: _____ (Master)

Name (Print) _____

Name of owning/managing company* _____

IMPORTANT: By signing this testimonial, you agree for your personal details to be passed on to the PYA for the purpose of contacting you to verify that the information provided above is correct.

Yacht/Company Stamp*

Date _____

* Delete as appropriate