

# DOUGLAS AMADI

Mobile No: +234 8039546876, +234 9071851890.

Address: No 7 Obi-Wali Road Rumuigbo Town PHC Rivers State

Email: [douglasamadi2@gmail.com](mailto:douglasamadi2@gmail.com)



## SKILLS

- Safety Officer onboard
- Cargo handling and stowage
- Watch keeping duties at all time.

## PERSONAL DATA

Gender : Male  
Place of birth : Port Harcourt Nigeria  
Height : 1.65m  
Marital Status : Married  
Language Spoken : English  
Nationality : Nigerian

## EDUCATIONAL BACKGROUND

1998-2003: Government Secondary School, Eneka  
(SSCE/WAEC)

1993 - 1997: Community Primary School, Rumuapara  
(First School Leaving Certificate)

## MARINE LICENCE/CERTIFICATES

STCW (BASIC TRAINING)	CHARKIN MARITIME & OFFSHORE SAFETY CENTRE	CERT NO	DATES
Personal Survival Technique		CM3023233090610	23 /6/2023 To 16 /6/2028
Medical First Aid			
Personal Safety and Social Responsibility			
Advance Fire Prevention			
<b>(HUET OPITO)</b>	CHARKIN MARITIME & OFFSHORE SAFETY CENTRE	OPITOGC9Ej 5xbhJ	11"/8/2023 To 10/8/2027
Helicopter Underwater Escape Training. (HUET)			
Emergency Breathing System (EBS)			
<b>(ISPS)</b>	CHARKIN MARITIME & OFFSHORE SAFETY CENTRE	CM094623230610	23"/6/2023
International Ship and Port Security Code			
PROFICIENCY FOR SEAFARERS WITH SECURITY AWARENESS			
<b>RATING PART OF NAVIGATIONAL WATCH</b>	CHARKIN MARITIME & OFFSHORE SAFETY CENTRE	CM271123160603	16"/6/2023
<b>OIL AND CHEMICAL TANKER CARGO OPERATION</b>	MARITIME ACADEMY OF NIGERIA	143121	20/3/2025
<b>SURVIVAL CRAFT AND RESCUE BOATS (OTHER THAN FAST RESCUE BOATS)</b>	MARITIME ACADEMY OF NIGERIA	138807	4/4/2025





## EMPLOYMENT EXPERIENCE

Name of Vessel	Company	Flag	Vessel type	Rank	Sign no	Sign off
Vakpor II	Multiplan Nigeria Limited	Nigeria	Security Vessel	AB	4/4/2023	5/5/2024
MV PRESIDIO	EL-TOTUOMA INT'L SERVICES LIMITED	Nigeria	Security Vessel	AB	4/11/2024	25/2/2025

## JOB EXPERIENCE

- Towing
- Rig move
- Anchor Handling
- Offshore Platform Supply

### EMPLOYMENT EXPERIENCE

Amea Universal Services, Woji, Port Harcourt

Position. Safety Officer 2019 - 2021

### DUTIES:

- Identifying hazardous materials and Areas.
- Identifying when a worker and material are unsafe to work with.
- Making sure worker have the appropriate PPE for the place they are working.
- Giving report on every activity e.g daily, weekly and monthly.

DOCUMENTS/MARINE CERTIFICATION	PLACE ISSUED	EXPIRATION
International Passport	NIGERIA	2028
Seaman Discharge Booklet	NIMASA	
Yellow Fever Card		
Registration of Status/Number (N/DR/0771)	NIMASA	
Seafarers Medical (NIMASA)		
<b>SAFETY CERTIFICATION</b>	CIO-Insight Consulting Ltd.	
<b>HSE LEVEL 1</b>		
➤ Award in Health and Safety at work		
➤ Identifying how hazards & risk are controlled in the workplace		
➤ Cause of workplace health & Safety risk		
➤ Slip, trip & Fall		
➤ General Safety Rules		
➤ Identifying PPE & its usage		
<b>USE LEVEL 2</b>	CIO-Insight Consulting Ltd.	
➤ Identify fire Hazards		
➤ Fire risk Assessment		
➤ Elements, Classes & Causes of Fire		
➤ Accident Investigation		
➤ Fire Righting Techniques		
➤ Risk Assessment & Management		
➤ Important of Risk Assessment		
<b>£ISE LEVEL 3</b>	CIO-Insight Consulting Ltd.	
➤ Competence development Course		
➤ First Aid Training & Practical Course		

➤ Awarding Industrial Rigging Training (Lifting of Heavy Equipment)	GS Global Resources. CTN: G5/PHC/RT/03/19/0208	
➤ Awarding in Industrial Scaffolding (courses. practical covered)	Redeemed Skill Acquisition Centre. RESAC/15/18/051	
➤ Principle of Scaffolding Erection & Dismantling (BS5973)		
➤ Principle of fall Prevention & Protection		
General HSE 1,2,3		
➤ Industrial Rigging Safety Awareness		
➤ (Diploma in Secretarial Administration)	Ad'mas Digital Technologies Limited	
➤ Microsoft Word		
➤ Excel		
➤ PowerPoint		
➤ Access		

**REFEREE:**

CBIEF E. NYTNDACHUKU

Tel: 08033396287

hITC KENNETH NCIADI

Tel: 08034304788





**CHARKIN**  
MARITIME & OFFSHORE SAFETY CENTRE  
www.charkincentre.com



Certificate Number CM302323090610

## Certificate of Training

This is to certify that

AMADI DOUGLAS

Date of Birth: 05-05-1984

Has Successfully Completed



### STCW BASIC SAFETY TRAINING

Has met the Standard of competence as specified in the STCW Convention as amended  
(including 2010 amendments) and has met the requirements laid down in

Personal Survival techniques; Section A-VI/I, Table A-VI/I-1

Fire Prevention and Fire Fighting; Section A-VI/I, Table A-VI/I-2

Elementary First Aid; Section A-VI/I, Table A-VI/I-3

Personal Safety and Social Responsibilities; Section A-VI/I, Table A-VI/I-4

MD/CEO

09-06-2023

Issue Date



SIGNATURE OF INSTRUCTOR

08-06-2028

Expiry Date

0018975

For certificate verification please log on to [www.charkincentre.com](http://www.charkincentre.com)





**CHARKIN**  
MARITIME & OFFSHORE SAFETY CENTRE  
www.charkincentre.com



Certificate Number CM094623230610

## Certificate of Training

This is to certify that

**DOUGLAS AMADI**

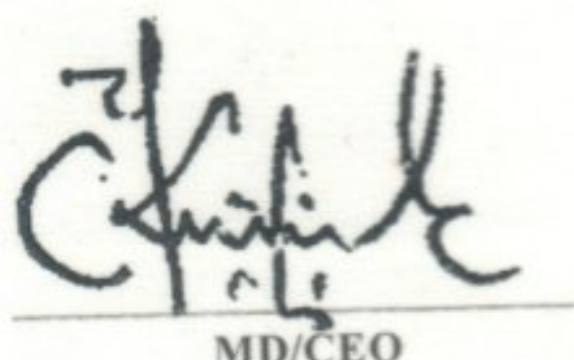
Date of Birth: **05-05-1984**

Has Successfully Completed



### PROFICIENCY FOR SEAFARERS WITH SECURITY AWARENESS

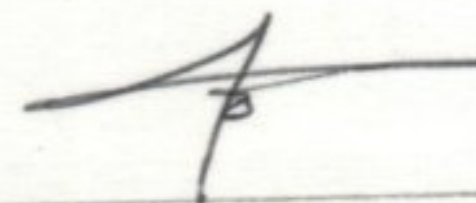
*And has met the Standard of Competence as specified in SECTION A-VI/6, Table A-VI/6-1 of the STCW Convention as amended (including 2010 amendments)*

  
MD/CEO

**23-06-2023**

Issue Date





SIGNATURE OF INSTRUCTOR

**N/A**

Expiry Date

0019143

For certificate verification please log on to [www.charkincentre.com](http://www.charkincentre.com)







**CHARKIN**  
MARITIME & OFFSHORE SAFETY CENTRE  
www.charkincentre.com



Certificate Number CM271123160603

## Certificate of Training

This is to certify that

**AMADI DOUGLAS**

Date of Birth: **05-05-1984**

Has Successfully Completed



### RATING FORMING PART OF NAVIGATIONAL WATCH

*In accordance with the provisions of Regulation II/4 of the STCW Convention as amended (including 2010 amendments) The holder of this certificate is entitled under the Merchant Shipping Act to serve in a ship requiring a Certificate of that designation.*

*This certificate of Proficiency is subject to endorsements as to any additional requirement in accordance with the above Regulations*

MD/CEO

**16-06-2023**

Issue Date



SIGNATURE OF INSTRUCTOR

**N/A**

Expiry Date



0019031

For certificate verification please log on to [www.charkincentre.com](http://www.charkincentre.com)





**This is to certify that**

**Douglas Amadi**

**attended a course at Charkin Maritime & Offshore Safety Centre**

**and has been assessed against, and met the outcomes of, the following  
OPITO-approved standard:**

**Helicopter Underwater Escape Training (HUET) with Emergency Breathing  
System(EBS)**

**5095**

**Awarded on 11th August 2023**

A handwritten signature in black ink, appearing to read "John McDonald".

**John McDonald**  
Chief Executive Officer



Expiry Date 10th August 2027  
Unique Certificate No OPITOGC9Ej5xbhj  
OPITO Learner No L01860259





# Maritime Academy of Nigeria

P. M. B. 1089, Oron, Akwa Ibom State [www.maritimeacademy.gov.ng](http://www.maritimeacademy.gov.ng)

## Certificate of Proficiency in OIL & CHEMICAL TANKER CARGO OPERATIONS (BASIC)

No. **143121**

*This is to certify that*

**Douglas Amadi**  
**5<sup>th</sup> May, 1984**

Born on



has successfully completed an approved training in:

### Oil and Chemical Tanker Cargo Operations (Basic)

*Regulation V/I-1 and Section A-V/I-1 of the International Convention  
on Standards of Training, Certification and Watchkeeping for  
Seafarers, 1978 (STCW Convention) as amended in 2010.*

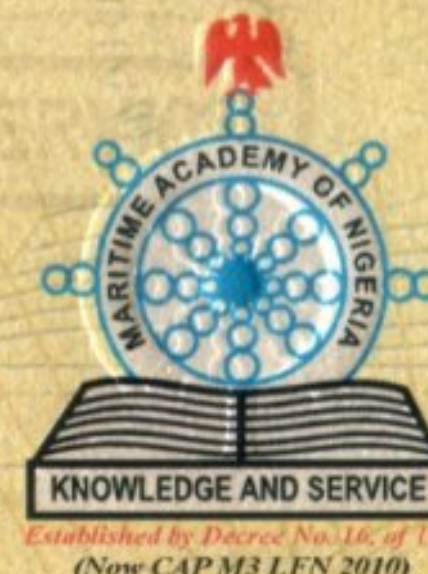
This Certificate is issued under the Authority of the Nigerian Maritime  
Administration and Safety Agency (NIMASA).

*[Signature]*

Instructor

*[Signature]*

Rector



*[Signature]*

Holder

**21<sup>st</sup> March, 2025**  
Date

*\*This Certificate is not valid without the Academy's Official Seal*



# Maritime Academy of Nigeria

P. M. B. 1089, Oron, Akwa Ibom State [www.maritimeacademy.gov.ng](http://www.maritimeacademy.gov.ng)

## Certificate of Proficiency in

### **SURVIVAL CRAFT AND RESCUE BOATS (OTHER THAN FAST RESCUE BOATS)**

No. **138807**

*This is to certify that*

**Douglas Amadi**

Born on

**5<sup>th</sup> May, 1984**



has successfully completed an approved training in:

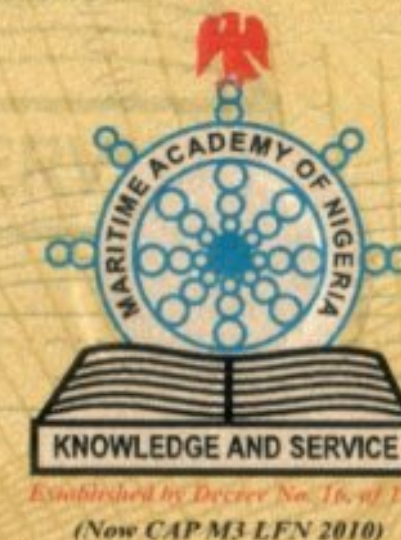
### **Survival Craft and Rescue Boats (Other than Fast Rescue Boats)**

*Regulation VI/2 and Section A-VI/2, Paragraphs 1-4 of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978 (STCW Convention) as amended in 2010.*

This Certificate is issued under the Authority of the Nigerian Maritime Administration and Safety Agency (NIMASA)

Instructor

Rector



Holder

**4<sup>th</sup> April, 2025**

Date

*\*This Certificate is not valid without the Academy's Official Seal*



228298

**IGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY**

## SEAFARER'S MEDICAL CERTIFICATE

( NIMASA )



ORIGINAL



the Government of the Federal Republic of Nigeria in compliance with the requirement of Regulation 1.2 standard of our Convention, 2006 (MLC '06), as amended and the International Convention on Standards for Training, Certification and Watchkeeping (STCW) 78 as amended.

Discharge Book No: SSID NO: 075039  
D D M M Y Y Y Y  
Date of Birth: 05051984

Given Names: DOUGLAS  
Passport No:  
Sex: M ☒ : F ☐  
Nationality: NIGERIA

Department: (Tick relevant box)

Deck ☒ Engine ☐ Catering ☐

Other (specify) \_\_\_\_\_

Rank ABLE SEAMAN

### Declaration of the recognised doctor

ID checked at the point of examination	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Hearing standards as in STCW A I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Visual acuity standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Unaided Hearing satisfactory	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Color vision standards as in STCW A-I/9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there any limitation or restriction on fitness?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Date of last colour vision test (dd/mm/yy):		Please specify restriction.	

Visual Aids (tick if worn)  
Spectacles ☐ Contact lenses ☐

Restrictions	
Duties:	
Location/Vessel:	
Medical/Others:	

Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons onboard? Yes ☐ No ☒

**I have examined the seafarer named above and have found him/her fit for seafaring as below**

Medical Fitness Category (tick relevant box)

1. Fit-No Restriction ☒ 2. Fit-subject to restrictions ☐

Fit for look-out duty		Deck		Engine		Steward/Others	
Fit <input type="checkbox"/>	Unfit <input type="checkbox"/>	Fit <input checked="" type="checkbox"/>	Unfit <input type="checkbox"/>	Fit <input type="checkbox"/>	Unfit <input type="checkbox"/>	Fit <input type="checkbox"/>	Unfit <input type="checkbox"/>

Date of Examination 

D	D	M	M	Y	Y	Y	Y
0	2	0	5	2	0	2	3

 Expiry Date of Certificate 

D	D	M	M	Y	Y	Y	Y
0	1	0	5	2	0	2	7

### Declaration by Seafarer

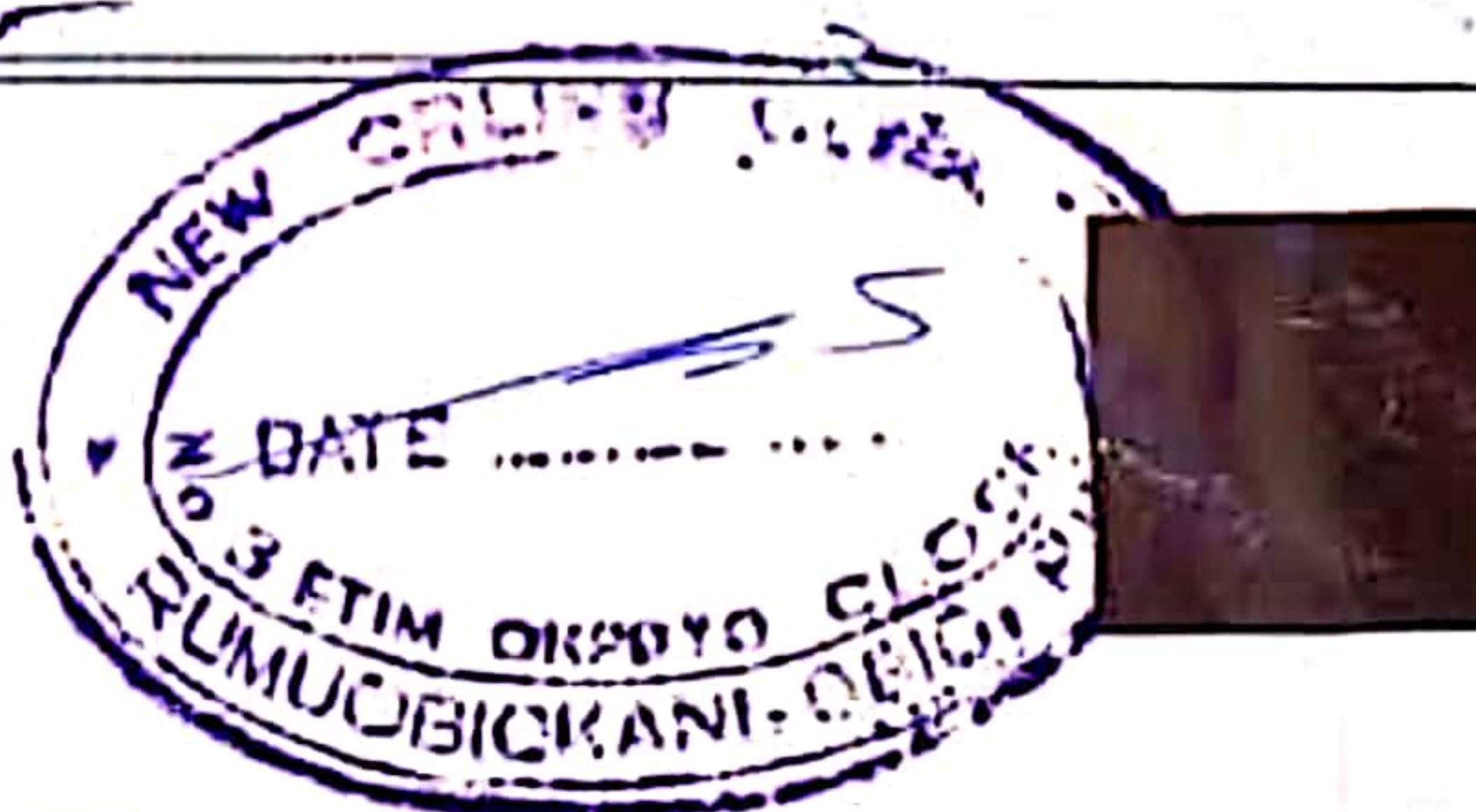
I have read and understood the notes overleaf and declare that all answers provided are to the best of my knowledge true. I agree that by withholding any information vital to this medical examination will lead to cancellation and withdrawal of this certificate.

Signature of Seafarer: [Signature]

Name, Signature and Official stamp/seal of Approved Doctor:

Please note that the Seafarer named above is not suffering from any medical condition likely to be aggravated by service at sea or to render the Seafarer unfit for such service or endanger the health of other persons on-board.

Signature: \_\_\_\_\_ Date: 21/5/25







# NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY

## SEAFARER'S MEDICAL EXAMINATION

### PHYSICIAN'S EXAMINATION REPORT FOR SEAFARERS UNDER REGULATION 1.2, STANDARD A1.2, OF MLC 2006

Name: AMADI DOUGLAS (Surname first) Discharge Book No: 075039

APPEARANCE HEALTHY LOOKING

GENERAL EXAMINATION  
Weight: 68kg Height: 1.68m Gait ☒ Normal ☐ Abnormal  
Temperature: 37°C Blood Pressure: 100/70 mmHg Pulse Rate: 74 b/m Pallor: NIL  
Lymph Nodes ☐ Palpable ☒ Impalpable If palpable, state region/location

#### SYSTEMIC EXAMINATION

	Normal	Abnormal
(1.) Central Nervous System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Cardiovascular System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3.) Respiratory System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4.) Gastrointestinal System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5.) Hernial Orifices	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6.) Endocrine System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7.) Locomotor System	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8.) Orodental	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(9.) Skin (Including Varicosities)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(10.) Ear, Nose & Throat	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### (3.) Eyesight

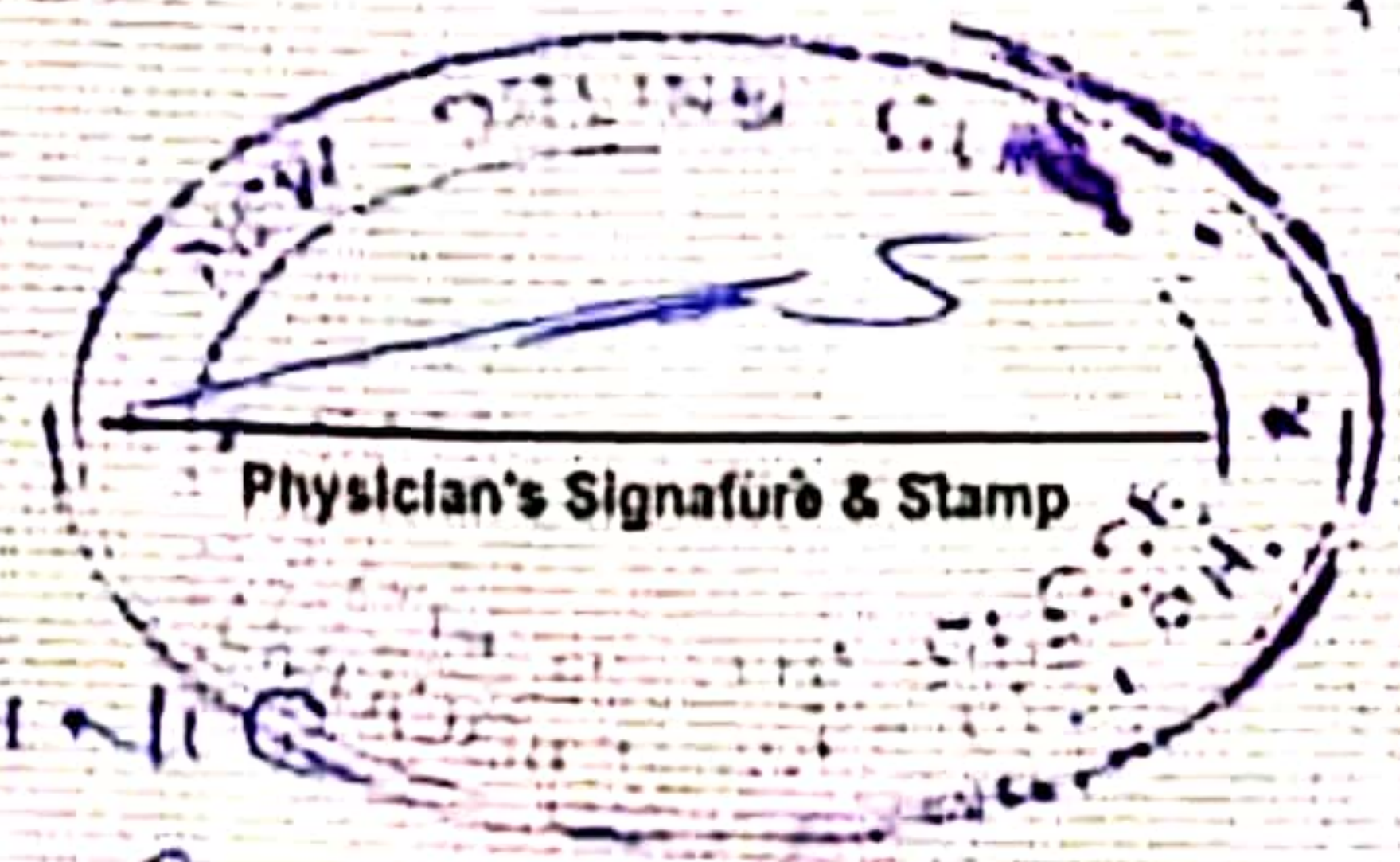
	RT	LT
Visual Acuity		
Without glasses	<u>6/-6</u>	<u>6/-6</u>
With glasses	<u>6/-</u>	<u>6/-</u>
Colour Vision	<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Abnormal

- (1.) Blood Group & Genotype (Enter Results) OT & AA
- (2.) Full blood count PCV 40 Hb 13.7 WBC 4.4 64342E
- (3.) VDRL ☒ Negative ☐ Positive
- (4.) HIV ☒ Negative ☐ Positive
- (5.) Hepatitis B Antigen ☒ Negative ☐ Positive
- (6.) Widal (for Catering Dept) Negative
- (7.) Urinalysis pH 6.5 g 1023 others nd
- (8.) Chest X-Ray with Report ☒ Normal ☐ Abnormal
- (9.) Electrocardiogram ☒ Normal ☐ Abnormal

#### OTHER EXAMINATIONS

	Normal	Abnormal
(1.) Speech (Voice Communication)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2.) Hearing		
- Audiometry	<input checked="" type="checkbox"/> RT <input checked="" type="checkbox"/> LT	<input type="checkbox"/> RT <input type="checkbox"/> LT

Dr Okeke Ifeanyi Emeke  
Physician's Name



Please note that the Seafarer named above is not suffering from any medical condition likely to be aggravated by service at Sea or to render the Seafarer unfit for such service or endanger the health of other persons on-board.

NEW ORLANS CLINIC  
Physician's Address/Telephone No. 3.6 PM OKPOYO CROSS, PH  
08037078692, 08025286794





FEDERAL REPUBLIC OF NIGERIA  
NIGERIAN MARITIME ADMINISTRATION AND SAFETY AGENCY  
SEAFARER'S MEDICAL CERTIFICATION APPLICATION FORM  
UNDER REGULATION 1.2, STANDARD A1.2, OF MLC 2006

A. APPLICANT'S BIODATA

SURNAME: AMADI OTHER NAMES: DOUGLAS  
DATE OF BIRTH: 5/5/1984 AGE: 41 SEX: m NATIONALITY: NIGERIA  
DATE OF APPLICATION: 2/5/2025 PLACE OF BIRTH: PORT HARCOURT  
Discharge Book NO.: 075039 Company: \_\_\_\_\_ Vessel: \_\_\_\_\_  
Address: NO 7 OBI-WALI ROAD RUMUIGBO TOWN PORT HARCOURT  
DEPT. OF SHIP: DECK: ☒ ENGINE: ☐ CATERING: ☐ MASTER/MATE: ☐ OTHERS SPECIFY: \_\_\_\_\_

B. APPLICANT'S MEDICAL HISTORY (under guidance from a medical personnel)

Have you ever had

	YES	NO		YES	NO
(1.) Admission to hospital whatever reason at all in the past	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(16.) Sexually Transmitted Diseases (Gonorrhea, Syphilis, AIDS etc)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(2.) Any surgical operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(17.) Any persistent Muscular weakness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(3.) Any accident	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(18.) Loss of consciousness	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(4.) Any mental illness	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(19.) Pain in spine, Back or any Joint	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(5.) Any convulsions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(20.) Balance problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(6.) Any Ear or Hearing problem	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(21.) Anal pain or swelling	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(7.) Any persistent Cough	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(22.) Restricted mobility	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8.) Difficulty with breathing or breathlessness on mild exertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(23.) Excessive thirst	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9.) Palpitations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(24.) A sign-off as sick or a repatriation from a ship?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10.) High blood pressure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(25.) Excessive weight loss	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(11.) Chest pain at rest or on exertion	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(26.) An unfit declaration for sea duty?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12.) Stomach pain	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(27.) Sugar in the Urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(13.) Any vomiting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(28.) Your medical certificate restricted or revoked?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(14.) Blood vomits or stool	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(29.) To wear contact Lens or Glasses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(15.) Any problem passing urine	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(30.) To be placed on any medication	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. IMMUNIZATION HISTORY (Have you been immunized before)

(A.) Tetanus ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (B.) Typhoid Fever ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (C.) Cholera ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (D.) Meningitis ☐ YES ☐ NO IF YES DATE \_\_\_\_\_  
(E.) Yellow Fever ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (F.) Hepatitis ☐ YES ☐ NO IF YES DATE \_\_\_\_\_ (G.) Tuberculosis ☐ YES ☐ NO IF YES DATE \_\_\_\_\_

3. SOCIAL/FAMILY HISTORY

(A.) Do you smoke, Take Alcohol or use drugs? ☐ YES ☒ NO  
(B.) has any member of your family or relative had mental illness, Epilepsy, Blood disorder, Heart trouble, Hypertension or any other disorder (e.g. Allergy etc)? ☐ YES ☒ NO  
(C.) Do you have a medical condition likely to affect your health or the health of other persons such as HIV/AIDS, Diabetes, etc? ☐ YES ☒ NO  
(D.) Others: \_\_\_\_\_ Date: 2/5/25

I, DOUGLAS Amadi declare that the information given above is correct to the best of my knowledge. I consent to the examining doctor to enclose my medical information on the Medical fitness Certificate for official purposes (To be signed only in the presence of examining doctor)

Date: 2/5/2025 Name of Applicant: DOUGLAS Amadi  
Signature of Applicant: [Signature]



7, Obi-Wali,  
Rumuigbo Town,  
Port Harcourt,  
Rivers State,  
Nigeria.  
5th December, 2023.

Nigerian Maritime Administration & Safety Agency,  
Nigerian Port Authority Complex,  
Area 1,  
Port Harcourt,  
Rivers State.

N/DR/0771



Dear Sir/Madam,

### REQUEST FOR REGISTRATION STATUS / NUMBER

I, AMADI, DOUGLAS of the above address wishes to request for registration Status of my Seafarer Identification Number from the Nigerian Maritime Administration & Safety Agency (NIMASA).

Attached herewith are my credentials for your perusal:

1. Discharge Book No.: NIG-MMO/SS&T/00237 PH
2. Date of Birth: 05/05/1984
3. Rank: ORDINARY SEAMAN
4. STCW No.: CM302323090610

Thanks for your anticipated grant.

Yours faithfully,

Amadi, Douglas  
08039546876



# SEAFARERS IDENTITY DOCUMENT



## APPLICATION FORM

Application No:		Surname: <b>AMADI</b>	
Rank: <b>O/S</b>		Given Name: <b>DOUGLAS</b>	
Sex: <b>MALE</b>		Nationality: <b>NIGERIAN</b>	
Personal Details: <b>douglasamadi2@gmail.com</b>		Religion: <b>CHRISTIANITY</b> State of Origin: <b>RIVERS</b>	
Marital Status: <b>MARRIED</b>		L.G.A.: <b>OBI-AKPOR</b>	
Weight (kg): <b>64</b>	Height (m): <b>1.67</b>	Place of Birth: <b>RUMUIGBO TOWN</b>	
Date of Birth: <b>05-05-1984</b>		Colour of Eyes: <b>BROWN</b> Colour of Hair: <b>BLACK</b>	
Other Languages: <b>ITHURUHA, ENGLISH</b>		Specific Features: <b>NONE</b>	
Present Residential Address: <b>NO 7 OBI-WALI ROAD RUMUIGBO TOWN RIVERS STATE</b>			
Phone: <b>08039546876</b>			
E-mail: <b>douglasamadi2@gmail.com</b>			
Name and Address of next of Kin: <b>MRS QUEENETH DOUGLAS SAME ADDRESS AS ABOVE</b>			
Relationship: <b>WIFE</b>		Telephone: <b>08134254725</b>	

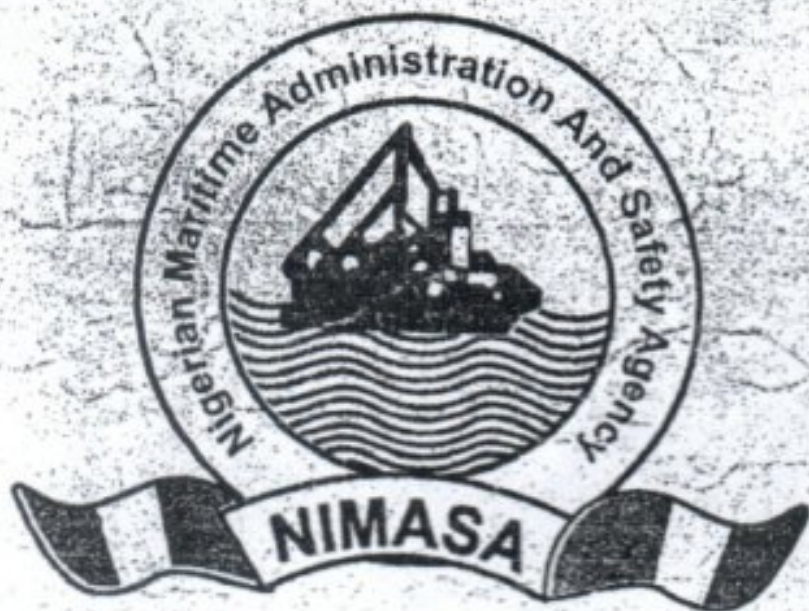
DOCUMENTS	DOC. No.	ISSUED DATE OF:	EXPIRY DATE	ISSUE PLACE OF:	ISSUING AUTHORITY
International Passport	<b>B01731063</b>	<b>18/2/23</b>	<b>17/2/28</b>	<b>PHE</b>	<b>Immigration</b>
Discharge Book	<b>MMO/SSAT/00237 PH</b>			<b>PHE</b>	<b>NIMASA</b>
Medical Certificate	<b>E2P 000210</b>	<b>8/5/23</b>	<b>7/5/25</b>	<b>PHE</b>	<b>EDDY MEDICAL</b>
National Identity Card No.	<b>102158622563</b>			<b>PHE</b>	<b>NIMC</b>

### Career Details:

### Professional and Mandatory Certificates:

QUALIFICATIONS	DATE ISSUED	DATE OF EXPIRY	ISSUING AUTHORITY
<b>RATING FORMING PART OF</b>	<b>16/6/23</b>		<b>CHARKIN</b>
<b>NAVIGATIONAL WATCH</b>	<b>23/6/23</b>		<b>CHARKIN</b>
<b>SECURITY AWARENESS</b>	<b>09/06/23</b>	<b>08/06/28</b>	<b>CHARKIN</b>
<b>STCW BASIC SAFETY</b>	<b>11/8/23</b>	<b>10/8/27</b>	<b>CHARKIN</b>
<b>HUET (EBS) 5095</b>			





## SEAFARERS REGISTRATION FORM

PDS:		SURNAME: AMADI			
RANK APPLIED FOR: OS		GIVEN NAME: DOUGLAS			
WILLING TO ACCEPT LOWER RANK:		NATIONALITY: NIGERIAN			
PERSONAL DETAILS: douglas amadi 2@gmail.com					
MARITAL STATUS: married		RELIGION: CHRISTIANITY			
WEIGHT: 64kg		HEIGHT: 1.67M			
DATE OF BIRTH: 5/5/1984		PLACE OF BIRTH: Rumuigbo Town PHC			
MOTHER'S LANGUAGE: ITHURHA					
OTHER LANGUAGES: English					
PARENTS MOTHER NAME: Joy Amadi					
PRESENT ADDRESS: NO. 7 OBI-WALI ROAD RUMUIGBO TOWN PH					
PHONE: 08039546876					
NEXT OF KINS NAME AND ADDRESS: Mrs Queeneth DOUGLAS (Wife)					
PHONE: NO 7 OBI-WALI ROAD RUMUIGBO 08134254725					
WIFE AND CHILDREN NAMES	DATE OF BIRTH	PASSPORT NUMBER		ISSUING AUTHORITY	PLACE OF ISSUING
Queeneth DOUGLAS					
DOCUMENTS	DOC. NO	ISSUED	EXPIRES	ISSUING AUTHORITY	ISSUING PLACE
PASSPORT	B0173106316	2/23	17/2/2028	Immigration	PHC
SEAMAN'S BOOK-NATIONAL	MM0887/00237	PH		NIMASA	PHC
SEAMAN'S BOOK-FLAG STATE 1					
SEAMAN'S BOOK-FLAG STATE 2					
MEDICAL CERTIFICATE	EZP000210	8/5/23	7/5/2025	EDDY MEDICAL	PHC
VACCINATION-YELLOW FEVER	B9466840	22/5/23	21/5/2033	Port Health	PHC



## CAREER DETAILS

## DETAILS OF LICENCES/CERTIFICATES

QUALIFICATION	DOC NO	RANK	STCW REG	DATE ISSUED	DATE EXPIRE	ISSUING AUTHORITY
NATIONAL LICENCE	CM271123160603	OS	11/4	16/6/23		CHARKIN
FLAG STATE LICENCE 1						
FLAG STATE LICENCE 2						
GOC. NATIONAL						
TANKER FAMILIARIZATION						
CHEM. TANKER HIGHEST GRADE						
OIL TANKER HIGHEST GRADE						
LPD TANKER HIGHEST GRADE						
STCW95 ENDORSEMENT	CM30232090610	OS	11/1	09/06/23	08/06/28	CHARKIN

## RECORD OF PREVIOUS SERVICES

COMPANY	RANK	SHIP PARTICULARS					MAIN ENGINE		DATE	
		NAME	TYPE	FLAG	GRT	YEAR BUILT	POWER	TYPE	FROM	TO

## SUMMARY OF SEA SERVICE IN MONTHS FOR ALL CARRIER

RANK	BULK	CARGO	RO-RO	OIL TK	CHEMICAL TK	REEFER	CONTAINER	OTHER	TOTAL

## SUMMARY OF EXPERIENCE ON ENGINE TYPE IN MONTHS FOR ALL CARRIER (ENGINEERS APPLICANTS ONLY)

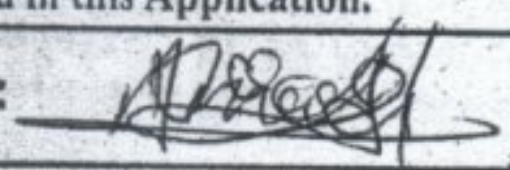
ENGINE TYPE	MAN	SULZER	B & W	PIELSTICK	STEAM TURBINE	DEUTZ	OTHER	TOTAL
RANK								

## COLLEGES/INSTITUTES

NAME OF INSTITUTION	COURSE ATTENDED	FROM	TO	QUALIFICATION
CHARKIN	STCW BASIC	09/6	08/6	STCW 2010
MARITIME	SAFETY TRAINING	2023	2028	CHARKIN MARITIME



**TO COURSES (CURSURI IMO)**

NAME OF COURSES	STCW95 TRAINING COURSES				
	REG. STCW95	DOC. NO	ISSUED DATE	EXPIRES DATE	ISSUING AUTHORITY
PERSONAL SURVIVAL TECHNIQS	A-VI/1-1	CM30232 3090610	9/6/23	8/6/28	CHARTERIN
BASIC FIRE FIGHTING	A-VI/1-2	n	n	n	n
ELEMENTARY FIRST AID	A-VI/1-3	CM30232 3090610	9/6/23	8/6/28	CHARTERIN
SECURITY AWARENESS	A-VI/1-6	CM0946	23/6/23		CHARTERIN
PERSONAL SAFETY AND SOCIAL RESPONSIBILITY	A-VI/1-4	23230610 CM302323090610	9/6/23	8/6/28	CHARTERIN
PROFICIENCY IN SURVIVAL CRAFT	A-VI/2-1				
PROFICIENCY IN FAST RESCUE BOATS	A-VI/2-2				
ADVANCED FIRE FIGHTING	A-VI/3				
MEDICAL FIRST AID	A-VI/4-1				
MEDICAL CARE	A-VI/4-1				
RADAR ARPA-OPERATIONAL LEVEL	A-I/12-II/I				
RADAR ARPA/SAR MANAGEMENT	A-II/12-II/2				
TRANSPORT AND HANDLING DANGEROUS AND HARMFUL CARGOES	A-II/1,2 OR III/1,2				
PREVENTION OF POLLUTION OF THE MARINE ENVIRON (MARPOL 73/78)	A-I/1,2 OR III/1,2				
MARITIME ENGLISH, PROBLEMS OF COMMUNICATION IN HUMAN REL.	A-I/1,2 OR II/1,2				
<b>IMO COURSES FOR TANKERS/LPG/LNG/CHEMICAL</b>					
OIL TANKER FAMILIARIZATION	A-V/I,1-7				
SPECIALISED TRAINING FOR OIL T.	A-V/I,8-14				
SPECIALISED TRAINING FOR CHEM. T.	A-V/I,15-21				
SPECIALISED TRAINING FOR L.G. T.	A-V/I,22-34				
GMDSS					
ISM					
<b>IMO COURSES FOR RO-RO / PASSENGERVESSELS</b>					
PROFICIENCY IN CROWD MAGT.	A-V/2,1				
RO-RO/PASSENGERSHIP FAM.	A-V/2,2				
PROFICIENCY IN SAFETY, CARGO	A-V/3,4				
PROFICIENCY IN CRISIS MAGT.	A-V/3,5				
I hereby declare that I do not suffer from any illness or pre-existent adverse medical condition and that the information given are correct to the best of my knowledge. I also declare that I have not been convicted of refused entry or declare undesirable by any state I understand that supplying false information or misrepresentation or omitting any facts or information is cause for my refusal to hire or dismissal. Further I understand that my employment is conditioned upon a favorable health evaluation Ido hereby authorize an investigation of all statement contained in this Application.					
SIGNED: 		DATE: 05/012/2023		PLACE: NIMASPOULAT	



# SEAFARERS IDENTITY DOCUMENT



## APPLICATION FORM

Application No:		Surname: <b>AMADI</b>	
Rank: <b>O/S</b>		Given Name: <b>DOUGLAS</b>	
Sex: <b>MALE</b>		Nationality: <b>NIGERIAN</b>	
Personal Details: <b>douglasamadi2@gmail.com</b>		Religion: <b>CHRISTIANITY</b> State of Origin: <b>RIVERS</b>	
Marital Status: <b>MARRIED</b>		L.G.A.: <b>OBA- AKPOR</b>	
Weight (kg): <b>64</b>	Height (m): <b>1.67</b>	Place of Birth: <b>RUMUOGBO TOWN</b>	
Date of Birth: <b>05-05-1984</b>		Colour of Eyes: <b>BROWN</b> Colour of Hair: <b>BLACK</b>	
Other Languages: <b>ITHURUHA, ENGLISH</b>		Specific Features: <b>NONE</b>	
Present Residential Address: <b>NO 7 OBI-WALI ROAD RUMUOGBO TOWN RIVERS STATE</b>			
Phone: <b>08039546876</b>			
E-mail: <b>douglasamadi2@gmail.com</b>			
Name and Address of next of Kin: <b>MRS QUEENETH DOUGLAS SAME ADDRESS AS ABOVE</b>			
Relationship: <b>WIFE</b>		Telephone: <b>08134254725</b>	

DOCUMENTS	DOC. No.	ISSUED DATE OF:	EXPIRY DATE	ISSUE PLACE OF:	ISSUING AUTHORITY
International Passport	<b>B01731063</b>	<b>18/2/23</b>	<b>17/2/28</b>	<b>PHE</b>	<b>Immigration</b>
Discharge Book	<b>MMO/SSAT/00237PH</b>			<b>PHE</b>	<b>NIMASA</b>
Medical Certificate	<b>E2P 000210</b>	<b>8/5/23</b>	<b>7/5/25</b>	<b>PHE</b>	<b>EDDY MEDICAL</b>
National Identify Card No.	<b>10215622563</b>			<b>PHE</b>	<b>NIMC</b>

### Career Details:

### Professional and Mandatory Certificates:

QUALIFICATIONS	DATE ISSUED	DATE OF EXPIRY	ISSUING AUTHORITY
<b>RATING FORMING PART OF</b>	<b>16/6/23</b>		<b>CHARKIN</b>
<b>NAVIGATIONAL WATCH</b>	<b>23/6/23</b>		
<b>SECURITY AWARENESS</b>	<b>09/06/23</b>	<b>08/06/28</b>	
<b>STCW BASIC SAFETY</b>	<b>11/8/23</b>	<b>10/8/27</b>	
<b>HUET (EBS) 5095</b>			<b>CHARKIN</b>



CTN: G5/PHC/RT/03/19/0208



# G5 GLOBAL RESOURCES

## G5 CENTRE

PORT HARCOURT, NIGERIA



*This is to certify that*

**Douglas Amadi**

has successfully completed a 3 months professional certificate course in

**RIGGING TRAINING**

*Certified By*  
**G5**

*given this*

31st day of MAY, 2019

DIRECTOR OF STUDIES



ACADEMIC QUALITY CONTROLLER

G5-PHC-RT-03-19/0208

*The Business Consulting Experts. In God We Trust*





RC: 365322

# Aod' mas

**DIGITAL TECHNOLOGIES LIMITED**

Port Harcourt, Rivers State

Member, Nigeria Computer Society (NCS)

# Diploma

*This is to Certify that*

**Douglas Amadi**

*has successfully completed the prescribed course of training in*

**SECRETARIAL ADMINISTRATION**

*and therefore is entitled to an award of **DIPLOMA** as evidence there of*

Given this 31<sup>st</sup> day of July, 2015



  
**Registrar**





A member of the  
**BRITISH  
SAFETY  
COUNCIL**

# CERTIFICATE OF PROFESSIONAL TRAINING



**CIO-INSIGTH**  
CONSULT LTD

**THE BRITISH SAFETY COUNCIL UK**

*RECOGNIZE*

**AMADI DOUGLAS**

Identification No: CICL/RC1512293/015134

For successfully completing the training and the examination  
requirements for the award of

**HSE LEVEL 1 (Award in Health and Safety at work)**

Date: 2nd March., 2019

Grade : Distinction

### Courses Covered

- \* Understanding the importance of Health, Safety & welfare standards in the workplace
- \* Identifying how hazards & risk are controlled in the workplace
- \* Manual handling and ergonomics
- \* Cause of workplace health & safety risk
- \* Slip, trip & fall
- \* Recognition of signs & symbols
- \* General safety rules
- \* Identifying ppe & its usage

Head of CICL



Rc1512293



S0437923-33880



To verify this certificate:  
[www.cioinsigthconsult.com](http://www.cioinsigthconsult.com)  
Enter the candidate's I.D

License Training Provider: Cio-Insigth Consult Limited  
A member of the British Safety Council UK





A member of the  
**BRITISH  
SAFETY  
COUNCIL**

# CERTIFICATE OF PROFESSIONAL TRAINING



**CIO-INSIGHTH**  
**CONSULT LTD**

**THE BRITISH SAFETY COUNCIL UK**

This is to certify that

**AMADI DOUGLAS**

Identification No: CICL/RC1512293/015134  
Has successfully completed the Basic course in

**Fire Safety**  
&  
**HSE Level 2 Risk Assessment**  
Grade : Distinction

## Courses Covered

- ★ Identify fire Hazards
- ★ Fire Risk Assessment
- ★ Elements, classes & causes of fire
- ★ Types of extinguishing agents
- ★ Accident investigation
- ★ Fire Fighting Techniques
- ★ Risk Assessment & Management
- ★ Importance of Risk Assessment Matrix (RAM)



Rc1512293



S0437923-33880

Head of CICL



To verify this certificate:  
[www.cioinsighthconsult.com](http://www.cioinsighthconsult.com)  
Enter the candidate's I.D

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A member of the  
**BRITISH  
SAFETY  
COUNCIL**

# **CERTIFICATE OF PROFESSIONAL TRAINING**



**CIO-INSIGHTH**  
CONSULT LTD

**THE BRITISH SAFETY COUNCIL UK**

**RECOGNIZE**

**AMADI DOUGLAS**

**Identification No: CICL/RC1512293/015134**

For successfully completing the training and the examination/  
practical requirements for the award of

**HSE COMPETENCE DEVELOPMENT COURSE (LEVEL 3)**

Date: 2nd March.,2019

Grade : Distinction



RC1512293



S0437923-33880

Head of CICL



To verify this certificate:  
[www.cioinsighthconsult.com](http://www.cioinsighthconsult.com)  
Enter the candidate's I.D

License Training Provider: Cio-Insighth Consult Limited  
A member of the British Safety Council UK





... *Raising standards, saving lives!*

A professional training & certification company Limited by liability

Registered in Nigeria RC 1512293

[Www.cioinsighthconsult.com](http://www.cioinsighthconsult.com)

## BASIC FIRST AID/CPR

# CERTIFICATE OF COMPLETION

This is to certify that

**AMADI DOUGLAS**

Identification No: CICL/RC1512293/015134

Having completed an approved course of  
study requirements for the Award of Basic

### First Aid Training & Practical Course

Date: 2nd March.,2019

Gaius Precious A.  
[Cioinsighttc@gmail.com](mailto:Cioinsighttc@gmail.com)  
Information Centre



Rc1512293



S0437923-33880



A member of the  
**BRITISH  
SAFETY  
COUNCIL**



To verify this certificate:  
[www.cioinsighthconsult.com](http://www.cioinsighthconsult.com)  
Enter the candidate's I.D

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THE FEDERAL REPUBLIC OF NIGERIA



SURNAME

AMADI

BOOKLET NO.

N075039

OTHER NAMES

DOUGLAS

DATE OF BIRTH

05 MAY, 1984

DATE OF ISSUE

05 AUG, 2024

PLACE OF BIRTH

OBIO/AKPOR

PLACE OF ISSUE

PORT-  
HARCOURT

NATIONALITY

NIGERIAN

EXPIRY DATE

05 AUG, 2034

HOLDER'S SIGNATURE

SEX

M

NIN NO.

10215622563

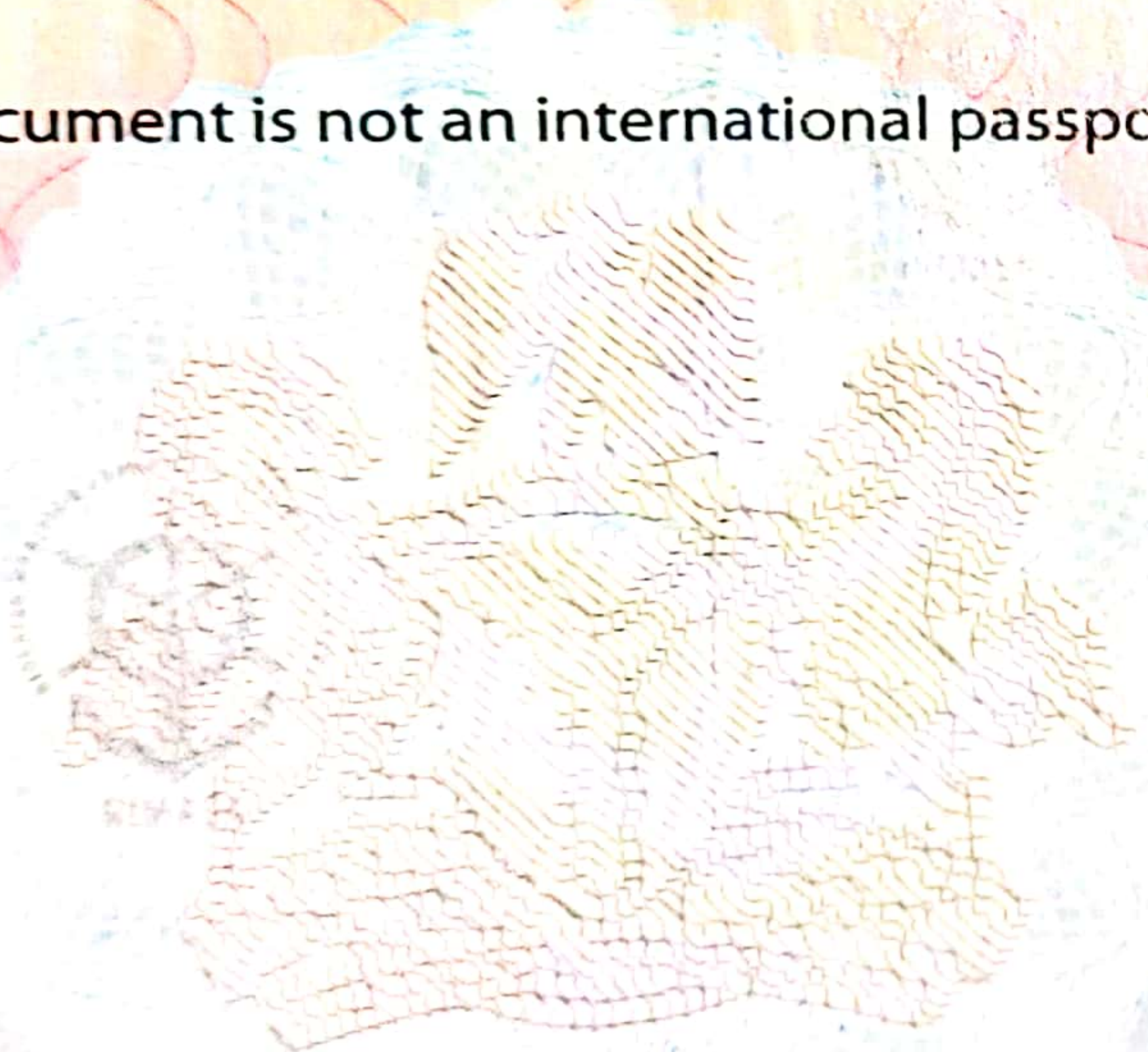


N 075039

IMPORTANT

This document contains 64 pages and is issued by the  
Nigerian Maritime Administration and Safety Agency

This document is not an international passport.






# RECORD OF SEAFARER'S SEAGOING SERVICE

Name of Vessel, Gross Tonnage, or Propulsion Power, IMO number, Type	Date and Place of Engagement	Date and Place of Discharge
VAKPOR 11 OFF 9R2336 GRT: 257	4-4-23 PH	5-6-24 PH
<div style="border: 1px solid black; padding: 5px;">           MV PRESIDIO            OFFICIAL NO. SR 1838            GRT ----- 222            NRT ----- 96            HP ----- 5800         </div>	04-11-24 PORTHARA ECUADOR	25/01/25 PORTHARA ECUADOR

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
 \* Insert FGN for International Voyage, NCV for Near Coastal Voyage

# RECORD OF SEAFARER'S SEAGOING SERVICE

Grade (Rank)	Voyage Description	1. Ship's Stamp and Signature of Master 2. Signature and Official Stamp of Shipping Master	
		1. Master	2. Shipping Master
AB	NCV	AS PER RECORD OF SERVICE	
A/E	VC	Offshore Service	

\* Insert KW/BHP for engine room workers, for others insert gross tonnage  
 \* Insert FGN for International Voyage, NCV for Near Coastal Voyage





**ECONOMIC COMMUNITY  
OF WEST AFRICAN STATES**  
COMMUNAUTE ECONOMIQUE DES ETATS  
DE L'AFRIQUE DE L'OUEST  
COMUNIDADE ECONOMICA DOS ESTADOS  
DA AFRICA DO OESTE

# FEDERAL REPUBLIC OF NIGERIA

RÉPUBLIQUE FÉDÉRALE DU NIGÉRIA  
REPÚBLICA FEDERAL DA NIGERIA

# PASSPORT

PASSEPORT  
PASSAPORTE

0000000000

**FEDERAL REPUBLIC OF NIGERIA**



Type / Type	Country Code / Code du pays
P	NGA

Passport No. / N° Passeport  
B01731063

## Passport / Passeport

Surname / Nom  
**AMADI**

# AMADI

Given Names / Prénoms  
**DOUGLAS**

Nationality / Nationalité  
**NIGERIAN**

Date of Birth / Date de Naissance  
**05 MAY / MAI 84**

**222**

10215622563

Previous Passport / Passeport Précédent

**Sex / Sexe** Place of Birth / Lieu de Naissance  
**M RUMUIGBO**

Date of Issue / Date de Délivrance  
**18 FEB / FÉV 23**

Date of Expiry / Date d'Expiration

17 FEB / FÉV 28

Authority / Autorité  
**PORTHARCOURT**

**Holder's Signature / Signature du Titulaire**

*[Handwritten signature]*

[illegible]

B017310638NGA8405058M280217210215622563<<<32





# REDEEMED SKILL ACQUISITION CENTER

East-West Road, Nkpolu Rumuigbo  
Port Harcourt, Rivers State



**This Certifies That**

Amadi Douglas

Admission No: RESAC/IS/18C/051

Have Completed the approved courses of training and passed the prescribed examination has this day October 20 19 been awarded this

**Diploma** **in** **INDUSTRIAL SCAFFOLDING**

## Courses Covered:

- ◆ PRINCIPLE OF SCAFFOLDING ERECTION & DISMANTLING (BS5973)
- ◆ PRINCIPLE OF FALL PREVENTION & PROTECTION
- ◆ GENERAL HSE
- ◆ INDUSTRIAL RIGGING SAFETY AWARENESS

*Pastor in Charge of Region*

*Programme Co-ordinator*

