



SHIP SAFE TRAINING GROUP LTD

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STEERING CERTIFICATE

This is to certify that:

Full Name:

Date of Birth:

Discharge Book No:

Has met the requirements laid down in Regulation II/4 of STCW 95 and the standards of competence specified in section A-II/4 of the STCW Code, and has completed a minimum of 10 hours steering in open waters and 10 hours steering in pilotage waters on a seagoing ship of 500 gt or more.

Knowledge, understanding and proficiency in the use of magnetic and gyro compasses and the changeover from automatic pilot to hand steering and vice versa has been demonstrated. The seafarer can understand and acknowledge helm orders given in the English language in a clear and concise manner.

Signature and Name
of Master:

Signature
of Holder:

Ship's Stamp:

Date:

Record of Training for the Issue of Steering Certificate

Full Name: _____

Date of Birth: _____

Discharge Book No: _____

Date:	Duration:	Comments: (Day, night, by visual reference, by compass, entering or leaving port, narrow waters, open sea, pilotage, weather, sea state etc.)	Initials:

Signature and Name
of Master:

Signature
of Holder:

Ship's Stamp:

Date:
