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**PSL/33-CM–Marine** **Issue 3 dated October 2025**

## Verification of Identity

This form is for the verification of PCN elected officials (examiners, invigilators, coordinators) or for holders of PCN condition monitoring or marine certificates and wallet cards bearing a recent photograph of the holder. In all circumstances the person completing this form will provide two passport photographs. In order that PCN may issue a wallet card, the applicant is required to sign, in the presence of a witness, this verification of identity, and to sign, in the presence of the same witness, the reverse of two passport photographs of the applicant. This form and photographs are to be returned to PCN with the application forms [PSL56-CM and PSL62] for condition monitoring examination or marine MMCM assessment.

**WARNING.** Any proven case of forgery or misrepresentation will result in the cancellation of all PCN certification, and the offender will be prohibited from regaining any PCN certification for a period of not less than one year.

| | | | |
|---|---|---|---|
| Candidate's PCN number: | | Date of Birth: | |
| Candidate's family name: | | | |
| Given name(s): | | | |
| Email address: | | | |
| Telephone number: | | | |
| Address: | | | |
| Signature | | | |

NOTE: BINDT will store and use the information given on this form only for the purpose for which it has been provided. Your personal details and any other data you provide to BINDT will not be passed on to a third-party without your permission.
BINDT would like to contact you from time to time to let you know about its other services that may be of interest, such as special offers and discounts, events and new products. If you are happy to be contacted by BINDT, please indicate by ticking the box below:
I am happy for BINDT to contact me with information that may be of interest [ ]
You can subscribe or unsubscribe at any time, simply let us know.

**Please send 1 passport size photo and sign in the below box. Please ensure signature does not go outside of the signature box.**



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I, (full name of witness) _____

Verify that the signed photograph is a good likeness of the person who signed, with the same signature and in my presence, the reverse of the photograph and in the signature box. I also confirm that I am not related in any way to the certificate holder.

| | |
|---|---|
| Occupation of witness: | |
| Address: | |
| Email address: | |
| Telephone contact number: | |
| Signature: | |

***** The witness must be an employer, PCN official (individuals listed on AQB scope of approval incl. administrators), a bank employee, doctor or other professional person not related to the certificate holder.