

February 05, 201F

USCG APPLICATION PACKAGE

As of April 15, 2009 there are a number of major changes to the merchant mariner licensing process. A detailed explanation can be found at <http://www.uscg.mil/nmc/default.asp>

Here are the important points.

First, you must have either received a transportation worked identification credential or have completed the application process by appearing at one of the 147 TWIC offices. You need to pre-enroll before you go to one of the offices. Here is a link to their website- http://www.tsa.gov/what_we_do/layers/twic/index.shtm

On your TWIC application you **MUST** indicate your occupation is Merchant Mariner. Also the name on the TWIC application **MUST** match your name on the USCG application!

Without the application process being started, the REC will **not** accept your application. Once the application is accepted, a license will not be issued unless you have received your TWIC.

This is a very important first step to get your license.

Second, the types of materials you need to send for your license has been reduced. You need to send in:

1. Copy of TWIC or TWIC application receipt.
2. Application CG Form 719B.
3. Fee, ideally through Pay.gov, \$145.00.
4. Drug report CG Form 719P or accepted alternative. Instructions for 5-part form are included.
5. **Physical report CG Form 719K (Included new form needed beginning 1/1/2010).**
6. Three character reference letters, dated, signed, address of writer, and must be originals.
7. Sea Service forms (sample of completed form).
8. Completed oath form (Notary).
9. Course certificate issued by a NMC approved school.
10. First Aid and CPR card less then 1 year old. Must be American Heart or Red Cross

Third, this application package is sent to a regional exam center. The addresses are on the NMC website.

Make sure the medical review officer is approved. Go to www.aamro.com look for blue box "In good standing"

We have included a copy of the items listed above.

For application help you can call the NMC at NMC Call Center: 1-888-IASKNMC (1-888-427-5662) or http://www.uscg.mil/nmc/contact_iasknmc.asp or use this online form.

Capt Gary

<http://www.explorersguidellc.com> 1-800-487-6029



March 26, 2009

Mailing Merchant Mariner Credential (MMC) Applications to Regional Exam Centers

Under the provisions of the new [Merchant Mariner Credential regulations](#), which will become effective April 15, 2009, mariners will be able to submit credential applications by mail to one of the 17 Regional Examination Centers (REC) located throughout the nation and will no longer need to appear at an REC. This will save mariners time and money. This bulletin provides information on how to mail MMC applications to an REC.

One of the many benefits of the new regulation is the ability for mariners to mail an application to an REC. After April 15, 2009, mariners will no longer be required to appear in-person at a Regional Examination Center (REC) to be fingerprinted, provide proof of identity and submit an application for a credential, so long as they have either applied for a Transportation Workers Identification Card (TWIC) at one of 149 TWIC Enrollment Centers or have already been issued a TWIC. As part of the (TWIC) enrollment process, the Transportation Security Administration (TSA) will have already verified a mariner's identity and taken fingerprints and photograph, which will be sent to the Coast Guard electronically for use in processing the MMC application.

Mailing applications to an REC. To assist you in better preparing an application package for submission to an REC, please follow the instructions below.

- **Step 1 – Meet the professional requirements.** Prior to submitting an application, you should ensure you meet the professional requirements for the credential you are seeking. These requirements include service experience and training, among others.
- **Step 2 - Obtain a TWIC.** Ensure you have either applied for a TWIC at an enrollment center or that you already hold a TWIC issued by TSA. Please see our information bulletin on the requirements for a [TWIC](#), which we published on February 12, 2009.
- **Step 3 – Assemble your application package.** Use the [Application Acceptance Checklist](#) to assemble your application package. Using this checklist will help ensure that your application package is 'Ready to be Evaluated' in accordance with the new MMC regulations and will speed up processing time.
- **Step 4 – Pay user fees.** To further streamline the application process, mariners are encouraged to pay user fees on-line using <https://www.pay.gov>. The Coast Guard is currently working with the U. S. Department of the Treasury to update this system to reflect the new MMC fee schedule. A copy of your payment receipt should be included with your application. The [MMC Final Rule changed the user fees](#), providing savings for some mariners.
- **Step 5 – Mail your application package to an REC.** After April 15, 2009, you can mail your application to one of the 17 RECs. The mailing address for the RECs, can be found on our website at http://www.uscg.mil/nmc/rec_information.asp, along with other

information. Please do not mail your application to the National Maritime Center (NMC) directly as this will cause significant delays in the processing of your application. [Appointments](#) can be made at an REC should you wish to submit your application to an REC in person. Original applicants, please see additional important information on the next page.

- **Additional important information for original applicants:**

- **Oaths for original applicants:** The MMC rule allows for two options for the Oath to be administered depending on how you choose to submit your application.
 - 1) If you submit your original application to an REC in person, Coast Guard personnel at the REC will administer the oath.
 - 2) If you mail your original application to an REC, any person legally permitted to administer oaths in the jurisdiction where you reside may administer the oath. In this case, simply have a notary administer the oath and sign section VI of the application ([CG Form 719B](#)) in lieu of a designated Coast Guard official before you mail it to an REC. The Oath is only required for issuance of an Original MMC. Original MMCs are only those issued to mariners who have not previously held a mariner credential. We will also post a [sample form on the website](#) that may be used in lieu of section VI of the 719B.

The provisions in the new [Merchant Mariner Credential regulations](#) will provide many benefits to the mariner. Mariners will no longer have to appear at an REC to submit provide fingerprints and proof of identity. Mariners can also be able to pay user fees on line. Original applicants will now have an alternative means for administering the oath.

Sincerely,

David C. Stalfort
Captain, U. S. Coast Guard

Encl: (1) Merchant Mariner Application Acceptance Check-list

**U. S. COAST GUARD NATIONAL MARITIME CENTER
MERCHANT MARINER CREDENTIAL APPLICATION ACCEPTANCE CHECKLIST**

Below is a list of items that constitute an application for a U. S. Coast Guard Merchant Mariner Credential (MMC). The MMC application package must be submitted to your local Regional Examination Center and may be delivered via mail. In person visits are no longer required. DO NOT submit your MMC application package directly to the National Maritime Center (NMC) as this will result in significant delays.

"READY TO BE EVALUATED" CRITICAL ITEMS:

- Transportation Workers Identification Card (TWIC):** *(For all transactions)* - Provide evidence that you either hold a valid TWIC (photocopy of TWIC) or have applied for a TWIC (TWIC application receipt). **IMPORTANT - FAILURE TO PROVIDE THE ABOVE WILL RESULT IN YOUR MMC APPLICATION BEING RETURNED TO YOU.**

- Evaluation User Fee:** Pay via credit card or bank account using <https://www.pay.gov>. **IMPORTANT – PRINT AND INCLUDE YOUR PAYMENT RECEIPT AS PROOF OF PAYMENT.**

- CG Form 719B Application:** Be sure to read & accurately complete this entire form. Double check your mailing address & contact info. **IMPORTANT – EVERY PERSON WHO RECEIVES AN ORIGINAL CREDENTIAL MUST FIRST TAKE AN OATH. THE OATH MAY BE ADMINISTERED BY A DESIGNATED COAST GUARD INDIVIDUAL OR ANY PERSON LEGALLY PERMITTED TO ADMINISTER OATHS IN THE JURISDICTION WHERE THE PERSON TAKING THE OATH RESIDES (E.G. NOTARY).**

- Signed Conviction Statement:** At the time of application, each applicant must provide written disclosure of all convictions not previously disclosed to the Coast Guard on an application.

- Three (3) Character References:** This only applies to applications for *original* officer or STCW endorsements. Please see Title 46, Code of Federal Regulations part 11.205(c) for complete details.

- CG Form 719K Physical Examination Report:** To be used for all *original, renewal, and raise of grade officer & qualified rating endorsement applications*. Applications for entry-level (ordinary seaman, wiper, stewards dept) endorsements should use the [CG Form 719K/E Entry-Level Physical Examination Report](#). Be sure that your medical practitioner completed *ALL PARTS* of the form, including signature, and that it is dated within 12 months of your application (*note: raise of grade transactions are 36 months).

- CG Form 719P Chemical Testing Report:** This applies to all *original, renewal and the following raise of grade* transactions (any officer endorsement or first qualified rating endorsement). The chemical test report must be dated with six (6) months of your application. A letter from your marine employer or chemical testing consortium group, on company letterhead, may be used in lieu of this form.

- Front and back photo-copy of license, merchant mariner's document and STCW endorsement** *(If Applicable)*

- Authorization: 3rd party info release or different correspondence/credential mailing address** *(If Applicable)*

- Evidence of appropriate sea service**

- Training course certificate(s)**

**** IMPORTANT ****

If any of the items displayed in the above box are missing at the time of application, you will be provided a "Notification of Incomplete Application" letter. From the date of this letter you will have 60-days to provide the missing information to the Regional Examination Center. If the missing information is not provided within the 60-day period, your application will be returned to you.

- For information regarding the merchant mariner credentialing program please visit: <http://www.uscg.mil/nmc>
- To check on the status of your application please visit: <http://homeport.uscg.mil/>
- For any questions or comments please call: 1-888-IASKNMC (1-888-427-5662) or e-mail: IASKNMC@uscg.mil

Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

Section I - Personal Data	(For CG Use Only) Date Application Received
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Name (Last, First, Middle) (Maiden Name if applicable)		Social Security Number
Date of Birth (Month, Day, Year) ____ / ____ / ____	Place of Birth (City, State, Country)	Country of Citizenship
Color of Eyes	Color of Hair	Height _____ft_____in Weight _____lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number () -
		FAX Number () -
		E-mail Address
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship
		Next of Kin's Phone Number () -
		Next of Kin's E-mail Address

Parental or Guardian's Consent

I am under 18 years old and a notarized statement of parental/guardian consent is attached.

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Discharge Sea Service					

***If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

State Current or Previous License/Merchant Mariner's Document

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

**Application for License as an Officer, Staff Officer, or
Operator and for Merchant Mariner's Document**

Section III - Narcotics, DWI/DUI, and Conviction Record Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Yes (X)	No (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) <i>(If yes, attach statement)</i>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <i>(If yes, attach statement)</i>
		Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? <i>(If yes, attach statement)</i>
		Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <i>(If yes, attach statement)</i>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <i>(If yes, attach statement)</i>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <i>(If yes, attach statement)</i>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <i>(If yes, attach statement)</i>

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

X Signature of Applicant agreeing to the above statement	Date
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Section IV – Character References (For Original License Applicants Only)

I am an Original License Applicant and have attached three letters of written recommendation.

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

X Signature of Applicant

Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC-4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203-1804

X Signature of Applicant

Date

Section VI - Certification and Oath

Certification (Mandatory)

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

X Signature of Applicant agreeing to the above statement	Date
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Oath (For originals only. Coast Guard official must witness applicant signature.)

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

X Signature of Applicant	Date	Signature of Coast Guard Official	Date
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U.S. Coast Guard Use Only

Section VII – REC Application Approval

Signature of Approving Official	REC	(Application has been approved on this date) Date
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Section VIII – REC Citizenship Verification & Credential Issuance

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued	Document Rating(s) Issued	
Issue Number	License Serial Number	MMD Serial Number
Expiration Date	Expiration Date	

Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date
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Section IX – NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

Signature of Approving NMC Official: _____ Date: _____

Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
 - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

Make sure the medical review officer is approved. Go to www.aamro.com look for blue box "In good standing"

DRUG TEST REQUIREMENTS FOR LICENSE AND/OR MERCHANT MARINER DOCUMENT ISSUANCE

FINDING A TEST SITE:

1. Look in the local phone book in the Yellow Pages
2. Go to the category “**DRUG TESTING DETECTION SERVICES OR DRUG DETECTION SERVICES**”.
3. In that category, look for a business entity that can assist in providing a **DOT (Department of Transportation)** drug test.
4. Contact that business and explain that you need a DOT drug test to complete your USCG license/MMD transaction.
5. The business entity should be able to provide a one-stop service to include arranging for the collection of the specimen, laboratory analysis of the specimen at a SAMHSA accredited laboratory, and Medical Review Officer (MRO) services for review of the specimen results.

THINGS TO LOOK FOR:

1. The chain-of-custody form should have the words on the top line “**Federal Drug Testing Custody and Control Form**”. If those words are not present on the form in the top space, it is not a DOT (Federal) drug test and will not be accepted by the USCG Regional Examination Center (REC).
2. Make sure that the name of the MRO appears in Section 1 on the right hand side.

AFTER TAKING THE TEST OR HAVING THE SPECIMEN COLLECTED:

1. You should be given **Copy 5 (Donor’s copy)** to take with you. That is your copy and receipt that you have taken the drug test. **THIS DOES NOT HAVE THE TEST RESULTS ON IT.**
2. The test results should be available approximately 24 to 48 hours after the time that you had your specimen collected.
3. When arranging for the drug test services, ensure that you will be able to get the results back.
4. Drug test results need to be submitted with your complete application package to the REC that is handling your transaction.
5. Acceptable proof of a drug test result can be any one of the following:
 - a. Copy 2 of the Federal Drug Testing Custody and Control Form signed by the MRO. Make sure that the test result can be seen clearly; or
 - b. Completion of the DOT/USCG PERIODIC DRUG TESTING FORM (CG-719P) that was issued to you by the REC. The MRO needs to complete this form; or
 - c. A letter issued by the business entity that made the arrangements for you to take a drug test. The letter should contain the following:
 - i. Your name and Social Security Number
 - ii. The date that the specimen was collected
 - iii. The name and address of the SAMHSA accredited laboratory that did the analysis of your specimen.
 - iv. The MRO’s name, address, and registration number showing that the MRO meets DOT requirements for performing MRO services for DOT regulated +individuals.
 - v. The final verified test results as reported by the MRO.

FOR QUESTIONS, PLEASE CONTACT YOUR LOCAL REGIONAL EXAMINATION CENTER

MLD-FM-REC-101(04)

Does your company has a random drug testing program? If yes, are you a member of that program? If yes than you can submit a letter instead of a drug test.
The letter must be on company letter head, dated less then 180 days of your application, and signed.

← Use your companies letter head



Commanding Officer
USCGC STURGEON (WPB 87336)

453 Admiral Cralk Drive
Grand Isle, LA 70358
Staff Symbol:
Phone: (985) 787-2137
Fax: (985) 787-2263
Email:

1000
04 May 2010 ← Must be dated within 180 days of your submission

MEMORANDUM

From: *[Signature]* ← Must be signed
[Redacted]

To: U.S. COAST GUARD
Regional Exam Center
[Redacted]

Subj: PERIODIC DRUG TESTING PROGRAM

Ref: (a) 46 CFR 16.230(f)

Your name

1. This memorandum herby acknowledges [Redacted] is subject to a random drug testing program in accordance with reference (a) and has never refused to participate in or failed a chemical drug test for dangerous drugs.

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INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Drug Testing" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details).

NOTE: The cost of the drug test is the **sole** responsibility of the applicant, not the Coast Guard.

Section I – Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name: (Last, First, Middle) of Applicant (Print or Type)	Social Security Number
X Signature of Applicant	Date

Section II – Name of SAMHSA Accredited Laboratory (Type or Print)

Name	Address

Section III – Medical Review Officer

DATE SPECIMEN COLLECTED: _____	<p>The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)</p> <p style="text-align: center;">NEGATIVE</p> <p style="text-align: center;">POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)</p> <p>(Please complete the next block for all non-negative results)</p>
<p>Specimen Analyzed For (DOT 5 Panel):</p> <ul style="list-style-type: none"> • Marijuana metabolite • Cocaine metabolites • Opiates metabolites • Phencyclidine • Amphetamines 	

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Marine Safety Office).
 This specimen is verified **POSITIVE** for _____.
 The specimen was identified as being **SUBSTITUTED** or containing the **ADULTERANT**: _____.
 The test was **CANCELLED** because (insert reason): _____

I certify that I meet the qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.

<p><u>MEDICAL REVIEW OFFICER CONTACT INFORMATION:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____</p>	<p><u>MEDICAL REVIEW OFFICER AUTHORITY:</u></p> <p>Name: (Printed) _____</p> <p>Signature: _____ (MRO signature stamp is authorized for <u>negative</u> results only)</p> <p>Name of MRO Qualifying Organization: _____</p> <p>Registration Number Issued by Qualifying Organization: _____</p>
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"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number." "The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

<p>REQUIREMENTS</p>	<ul style="list-style-type: none"> ● A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates. ● ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
<p>OPTION I PERIODIC TESTING PROGRAM</p>	<ul style="list-style-type: none"> ● A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. ● COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given Title 49 CFR Part 40.31. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at www.uscg.mil/hq/g-m/moa/dapip.htm. ● The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly to our office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.
<p>OPTION II RANDOM TESTING</p>	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs. EXAMPLE (From Marine Employers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./ Army Corps of Engineers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.
<p>OPTION III PRE-EMPLOYMENT TESTING</p>	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. EXAMPLE: <i>APPLICANT'S NAME / SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

Merchant Mariner Credential Medical Evaluation Report

- Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in [Navigational and Vessel Inspection Circular \(NVIC\) 4-08](#).
- Additional information is also available at the National Maritime Center (NMC) Homeport website at: <http://homeport.uscg.mil/mmcmedical>
- Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662)

Who must submit this form?

- ▶ Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form or its equivalent, containing the same information, and submit it to the U.S. Coast Guard.
- ▶ Guidance for required submission of this form is contained in [Enclosure \(1\) of NVIC 4-08](#).

Instructions for Applicants

- ▶ Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV.
- ▶ Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form.
- ▶ Applicants should also complete the release in section II of this form.

Privacy Act Statement

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
 - a. To determine if an applicant is physically capable of performing their duties.
 - b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
 - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
 - b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
 - c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.

Applicant Name: _____

Date of Birth: _____

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
 - ▶ Are of sound health.
 - ▶ Have no physical limitations that would hinder or prevent performance of duties (see below).
 - ▶ Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.
3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.
4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from <http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008> or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (<http://homeport.uscg.mil/mmcmedical>) at 1-888-IASKNMC (1-888-427-5662).
5. Verification of medications in section III of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.
6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.
7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

- ▶ **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ▶ **Medical practitioners** must verify the identity of applicants before conducting examinations.
- ▶ **Proof of identity** shall consist of one current form of valid government issued photo identification.
- ▶ The following credentials are examples of acceptable proof of identity:
 Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____

Date of Birth: _____

Section I - Applicant Information

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle Name:</u>	<u>Suffix: (Jr., Sr., III)</u>
<u>Age:</u>	<u>Date of Birth (MM/DD/YYYY):</u>	<u>Social Security Number:</u>	

Applicant Certification (to be signed by applicant)

My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

<u>Date:</u>	<u>Printed Name:</u>
	<u>Signature:</u>

How do you wish to be contacted? (phone, e-mail, letter, fax) Please include contact information below:

Section II – Release

I hereby authorize the verifying medical practitioner (VMP), who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

I understand that this authorization is voluntary. I also understand that failure to provide authorization could affect the Coast Guard's ability to make a timely determination as to whether the Coast Guard should issue me a credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) for maritime service, but no longer than one year.

I have read and understand the following statement about my rights:

- ▶ I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.
- ▶ Upon request, I may see or copy the information described in this release.
- ▶ I am not required to sign this release to receive my medical evaluation.

Applicant:		
<u>Name (Printed):</u>	<u>Signature:</u>	<u>Date:</u>

Applicant Name: _____

Date of Birth: _____

Section III - Medications *(must be completed by applicant and reviewed by verifying medical practitioner)*

Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG-719K or approved equivalent form. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.

1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section *(include applicant name and date of birth on each additional sheet)*.

If none, check "NONE."

NONE

Section IV - Certification of Medical Conditions *(must be completed by applicant and reviewed by verifying medical practitioner)*

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in this Section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure [\(3\) of NVIC 4-08](#) for each condition.

Additional sheets may be added by the applicant and/or verifying medical practitioner if needed to complete this section of the form. *(include applicant name and DOB on each additional sheet)*.

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If **YES**, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure [\(3\) of NVIC 4-08](#) for each condition. Documentation of evaluation data specified in this table for all applicable medical conditions potentially requiring further review should be submitted with each application, unless otherwise specified by the NMC. Mariners, including first class pilots and those individuals "serving as" pilots (as well as Great Lakes pilots) who are required to submit annual physical examinations to the Coast Guard, may be issued a letter by the NMC specifying the extent of the evaluation data, if any, that should be submitted to the Coast Guard for any medical conditions that have been previously reported to, and evaluated by, the NMC.

The verifying medical practitioner shall make comments on all answers marked "yes" on the following page for which no evaluation data has been submitted. If known to the VMP, the VMP may comment that a condition has been previously reported on a prior CG-719K, but only for those CG-719Ks submitted after December 31, 2008, and only for those conditions which have not changed since the condition was previously reported on a prior CG-719K

Applicant Name: _____

Date of Birth: _____

1. Identify the Condition	3. Is Condition Controlled?	5. Prognosis
2. List Any Limitations	4. Approximate Date of Diagnosis	6. Additional Information

	YES	NO		YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Ear surgery,	45.	<input type="checkbox"/>	Kidney stones
2.	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	46.	<input type="checkbox"/>	Protein/sugar/blood in urine
3.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired speech or stuttering	47.	<input type="checkbox"/>	Back surgery or injury
4.	<input type="checkbox"/>	<input type="checkbox"/>	Deformities of face	48.	<input type="checkbox"/>	Ruptured/herniated disc
5.	<input type="checkbox"/>	<input type="checkbox"/>	Open tracheostomy	49.	<input type="checkbox"/>	Fractures requiring surgery
6.	<input type="checkbox"/>	<input type="checkbox"/>	Poor vision	50.	<input type="checkbox"/>	Limitation of any major joint
7.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye disease or injury	51.	<input type="checkbox"/>	Bone or joint surgery
8.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye surgery	52.	<input type="checkbox"/>	Dislocated joint
9.	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal color vision	53.	<input type="checkbox"/>	Recurrent neck or back pain
10.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	54.	<input type="checkbox"/>	Swollen or painful joint
11.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	55.	<input type="checkbox"/>	Arthritis or bursitis
12.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema or COPD	56.	<input type="checkbox"/>	Trick or locked knee
13.	<input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung/pneumothorax	57.	<input type="checkbox"/>	Amputation or prosthesis
14.	<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat	58.	<input type="checkbox"/>	Carpal tunnel
15.	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur or valve replacement	59.	<input type="checkbox"/>	Difficulty walking or climbing
16.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or angina	60.	<input type="checkbox"/>	Sciatica or nerve pain
17.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack/ myocardial infarction	61.	<input type="checkbox"/>	Other bone/joint disorder
18.	<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	62.	<input type="checkbox"/>	Motion/sea sickness
19.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery/stent/angioplasty	63.	<input type="checkbox"/>	Impaired balance, or balance disorder or difficulty
20.	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or defibrillator	64.	<input type="checkbox"/>	Vertigo or dizziness
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart condition	65.	<input type="checkbox"/>	Numbness or paralysis
22.	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure/hypertension	66.	<input type="checkbox"/>	Head injury or skull fracture
23.	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm or blockages	67.	<input type="checkbox"/>	Seizures or epilepsy
24.	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus or blood clots	68.	<input type="checkbox"/>	Recurrent headaches
25.	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal bleeding or ulcers	69.	<input type="checkbox"/>	Narcolepsy
26.	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's disease or ulcerative colitis	70.	<input type="checkbox"/>	Sleep apnea
27.	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or jaundice	71.	<input type="checkbox"/>	Restless leg
28.	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder problems or stones	72.	<input type="checkbox"/>	Fainting spells or loss of consciousness
29.	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal surgery	73.	<input type="checkbox"/>	Stroke or TIA
30.	<input type="checkbox"/>	<input type="checkbox"/>	Any form of cancer	74.	<input type="checkbox"/>	Brain tumor
31.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	75.	<input type="checkbox"/>	Other brain or nerve disease
32.	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or polycythemia	76.	<input type="checkbox"/>	ADD, ADHD, or bipolar
33.	<input type="checkbox"/>	<input type="checkbox"/>	Any other blood disorders	77.	<input type="checkbox"/>	Depression
34.	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	78.	<input type="checkbox"/>	History of suicide attempt
35.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	79.	<input type="checkbox"/>	Schizophrenia
36.	<input type="checkbox"/>	<input type="checkbox"/>	HIV or AIDS	80.	<input type="checkbox"/>	Anxiety
37.	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or leukemia	81.	<input type="checkbox"/>	Alcohol or substance abuse
38.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	82.	<input type="checkbox"/>	Loss of memory or amnesia
39.	<input type="checkbox"/>	<input type="checkbox"/>	Neurofibromatosis	83.	<input type="checkbox"/>	Other psychiatric disease or counseling
40.	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors or cancer	84.	<input type="checkbox"/>	Sleepwalking
41.	<input type="checkbox"/>	<input type="checkbox"/>	Scleroderma	85.	<input type="checkbox"/>	Bedwetting since age 12
42.	<input type="checkbox"/>	<input type="checkbox"/>	Lupus	86.	<input type="checkbox"/>	Sex change
43.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney transplant or dialysis	87.	<input type="checkbox"/>	Allergic reactions
44.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or cancer	88.	<input type="checkbox"/>	Any other disease, surgery or hospitalization

<u>Condition #</u>	<u>Comment</u>

Applicant Name: _____

Date of Birth: _____

Section V (a) – Visual Acuity

This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner see encl [5 of NVIC 4-08](#). Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a 100-degree horizontal field of vision.	<input type="checkbox"/> Normal
Left: 20 /	Left: 20 /		<input type="checkbox"/> Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- AOC (1965) – (6 or fewer errors on plates 1-15)
- AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
- Richmond (1983) – (6 or fewer errors)
- Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)

- Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
- Farnsworth Lantern (colored lights) Test per instruction booklet.
- Optec 900 (colored lights) Test per instruction booklet.
- An alternative test approved by the Coast Guard (indicate test) _____

The verifying medical practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g. X-Chrome) are prohibited.

Color Vision: Normal Color Vision Abnormal Color Vision
 Number of Errors _____

Section VI – Hearing

Normal <input type="checkbox"/>	Abnormal Hearing <input type="checkbox"/>	Hearing Aid Required <input type="checkbox"/>
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If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination tests are necessary. If hearing is abnormal or a hearing aid is required, refer to enclosure [\(5\) of NVIC 4-08](#) for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 30dB in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value	500Hz	1,000Hz	2,000Hz	3,000Hz			
Right Ear (Unaided)							
Left Ear (Unaided)							
Right Ear (Aided)							
Left Ear (Aided)							
Functional Speech Discrimination Test @ 55dB							
	Right Ear (Unaided):		%	Right Ear (Aided)		%	
	Left Ear (Unaided):		%	Left Ear (Aided)		%	

Applicant Name: _____

Date of Birth: _____

Section VII (a) - Physical Information

This section to be completed by the verifying medical practitioner, or other medical staff to the satisfaction of the verifying medical practitioner. Additional information must be reported in Section VII.

<u>Height (inches only):</u>	<u>Weight (lbs):</u>	<u>Body Mass Index (BMI):</u>	<u>Gender:</u>
<u>Pulse Resting:</u>	<u>Initial Blood Pressure:</u>		<u>Repeat Blood Pressure (if needed):</u>

Section VII (b)– Physical Exam (must be completed by verifying medical practitioner)

#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.			Head, Face, Neck, Scalp	10.			Skin
2.			Eyes / Pupils / EOM	11.			Lymphatic
3.			Mouth And Throat	12.			Neurologic
4.			Ears / Drums	13.			Vascular System
5.			Lungs And Chest	14.			Genital-Urinary System
6.			Heart	15.			Hernia
7.			Abdomen	16.			Missing extremities / Digits
8.			Upper / Lower Extremities	17.			General / Systemic
9.			Spine / Musculoskeletal				

Please make numbered comments on abnormal systems/organs:

Section VIII - Demonstration of Physical Ability (to be completed by the verifying medical practitioner)

- ▶ If the examining medical practitioner doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.
- ▶ All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).

Applicant Name: _____ Date of Birth: _____

- ▶ If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, [see enclosure \(2\) of NVIC 4-08](#).
- ▶ If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section IX.

List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

<u>Shipboard Tasks, function, event or condition:</u>	<u>Related Physical Ability:</u>	<i>The examiner should be satisfied that the applicant:</i>
Routine Movement on slippery, uneven, and unstable surfaces.	Maintain Balance (equilibrium).	Has no disturbance in sense of balance.
Routine access between levels.	Climb up and down vertical ladders and stairways.	Is able, without assistance, to climb up and down vertical ladders and stairways.
Routine movement between spaces and compartments.	Step over high door sills and coamings, and move through restricted accesses.	Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches.
Open and close watertight doors, hand cranking systems, open/close valve.	Manipulate mechanical devices using manual and digital dexterity, and strength.	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles. Reach above shoulder height.
Handle ship's stores.	Lift, pull, push, and carry a load.	Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.	Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.
Emergency response procedures, including escape from smoke-filled spaces.	Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, keel and crawl, and to distinguish differences in texture and temperature by feel.
Stand a routine watch.	Stand a routine watch.	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.
React to visual alarms and instructions, emergency response procedures.	Distinguish an object or shape at a certain distance.	Fulfills the eyesight standards for the merchant mariner credential(s) applied for. <i>See footnote 1 of this table & enclosure (5) of NVIC 4-08.</i>
React to audible alarms and instructions, emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.
Make verbal reports or call attention to suspicious or emergency conditions.	Describe immediate surroundings and activities, and pronounce words clearly.	Is capable of normal conversation.
Participate in firefighting activities.	Be able to carry and handle fire hoses and fire extinguishers.	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position.
Abandon ship.	Use survival equipment.	Has the agility, strength and range of motion to put on a personal flotation device and exposure suit without assistance from another individual.

Applicant Name: _____

Date of Birth: _____

Section IX – Verifying Medical Practitioner Recommendation

<input type="checkbox"/> Recommended Competent	<input type="checkbox"/> <u>Not Recommended Competent</u> <i>(explain in comments)</i>	<input type="checkbox"/> <u>Needing Further Review</u> <i>(explain in comments)</i>
<u>Comments on Recommendation:</u>		

Verifying Medical Practitioner:

This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

Name (Printed):

Signature:

Date:

REQUEST PERTAINING TO MILITARY RECORDS

To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type. If you need more space, use plain paper.

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
BRANCH OF SERVICE		DATES OF SERVICE		CHECK ONE		SERVICE NUMBER DURING THIS PERIOD (If unknown, write "unknown")	
		DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED		
a. ACTIVE SERVICE							
b. RESERVE SERVICE							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. **REPORT OF SEPARATION** (DD Form 214 or equivalent). This contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one Report of Separation. Be sure to show EACH year that a Report of Separation was issued, for which you need a copy.

An **UNDELETED** Report of Separation is requested for the year(s) _____

This normally will be a copy of the full separation document including such sensitive items as the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost. An undeleted version is ordinarily required to determine eligibility for benefits.

A **DELETED** Report of Separation is requested for the year(s) _____

The following information will be deleted from the copy sent: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.

2. OTHER INFORMATION AND/OR DOCUMENTS REQUESTED

3. **PURPOSE** (Optional - An explanation of the purpose of the request is strictly voluntary. Such information may help the agency answering this request to provide the best possible response and will in no way be used to make a decision to deny the request.) _____

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS:

Military service member or veteran identified in Section I, above
 Next of kin of deceased veteran _____ (relation)

Legal guardian (must submit copy of court appointment)
 Other (specify) _____

2. **SEND INFORMATION/DOCUMENTS TO:**
(Please print or type. See item 3 on accompanying instructions.)

3. **AUTHORIZATION SIGNATURE REQUIRED** (See item 2 on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____
Street _____ Apt. _____
City _____ State _____ Zip Code _____

Signature (Please do not print.) _____
Date of this request _____ Daytime phone _____
Email address _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Health Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve or Fleet Marine Corps Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired 10/16/1992 – 9/30/2002	14	11
	Discharged, deceased, or retired on or after 10/1/2002	7	11
	Reserve; or active duty records of current National Guard members who performed service in the U.S. Army before 7/1/1972	7	
	Active enlisted (including National Guard on active duty in the U.S. Army) or TDRL enlisted	9	
	Active officers (including National Guard on active duty in the U.S. Army) or TDRL officers	8	
	Current National Guard enlisted not on active duty in Army (including records of Army active duty performed after 6/30/1972)	13	
	Current National Guard officers not on active duty in Army (including records of Army active duty performed after 6/30/1972)	12	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	15	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command ATTN: AHRC-PAV-V 1 Reserve Way St. Louis, MO 63132-5200	12	Army National Guard Readiness Center NGB-ARP 111 S. George Mason Dr. Arlington, VA 22204-1382
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	U.S. Army Human Resources Command ATTN: AHRC-MSR 200 Stovall Street Alexandria, VA 22332-0444	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	Commander USAEREC ATTN: PCRE-F 8899 E. 56th St. Indianapolis, IN 46249-5301	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Corps Reserve Support Command (Code MMI) 15303 Andrews Road Kansas City, MO 64147-1207	10	Navy Personnel Command (PERS-312) 5720 Integrity Drive Millington, TN 38055-3130	15	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wooton Parkway, Plaza Level, Suite 100 Rockville, MD 20852

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can.

2. Restrictions on release of information. Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel/health records must have the release authorization in Section III of the SF 180 signed by the member or legal guardian, but if the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Employers and others needing proof of military service are expected to accept the information shown on documents issued by the military service departments at the time a service member is separated.

3. Where reply may be sent. The reply may be sent to the member or any other address designated by the member or other authorized requester.

4. Charges for service. There is no charge for most services provided to members or their surviving next of kin. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

5. Health and personnel records. Health records of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs a week or two after the last day of active duty. (See page 2 of SF180 for record locations/addresses.)

6. Records at the National Personnel Records Center. Note that it takes at least three months, and often up to seven, for the file to reach the National Personnel Records Center in St. Louis after the military obligation has ended (such as by discharge). If only a short time has passed, please send the inquiry to the address shown for active or current reserve members. Also, if the person has only been released from active duty but is still in a reserve status, the personnel record will stay at the location specified for reservists. A person can retain a reserve obligation for several years, even without attending meetings or receiving annual training. (See page 2 of SF180 for record locations/addresses.)

7. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; HEALTH -- Records of physical examinations, dental treatment, and outpatient medical treatment received while in a duty status (does not include records of treatment while hospitalized); TDRL – Temporary Disability Retired List.

8. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then filed in the requested military service record as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per response, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

Merchant Mariner Oath
46 USC

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

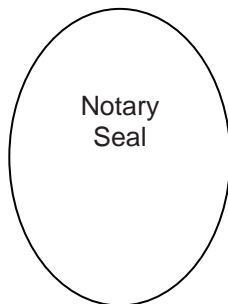
Name (Printed)

Signature

Date

Note: Do not sign until in the presence of a Notary or other official duly authorized to witness an oath.

Subscribed and affirmed before me in the county of _____,
State of _____, this _____ day of _____, _____.



(Notary's official signature)

(Commission expiration date)

Small Vessel Sea Service Form

Section I – Applicant Information (Note: Complete One Form per Vessel)

Name (Last, First, Middle)		Social Security Number	
Vessel Name		Official Number or State Registration Number	
Vessel Gross Tons	Length	Width (if known)	Depth (if known)
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)		Served As: (Master/Mate/Operator/Deckhand/etc.)	
Name of body or bodies of water upon which vessel was underway (Geographic Locations)			

Section II – Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____

Total number of days served on this vessel:	<input style="width: 90%;" type="text"/>	Number of days served on Great Lakes:	<input style="width: 90%;" type="text"/>
Average hours underway (per day):	<input style="width: 90%;" type="text"/>	Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 90%;" type="text"/>
Average distance offshore:	<input style="width: 90%;" type="text"/>	Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 90%;" type="text"/>

Section III – Signature and Verification Applicant Read Before Signing!

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a license/document to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U. S. C. 1001).

<input checked="" type="checkbox"/> Signature of Applicant	Date
--	------

NOTE:

- If you were not the owner, the Owner, Operator, or Master must complete the remainder of this form.
- If you were the owner of the above vessel, proof of ownership must be provided with this form.

Owner, Operator or Master Read Before Signing!

I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a license to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five(5) years or both (18 U. S. C. 1001).

<input checked="" type="checkbox"/> Signature and title of person attesting to experience	Date
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Owner's, Operator's, or Master's Name (Last, First Middle):	Owner's, Operator's, or Master's address and phone number:
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Small Vessel Sea Service Form
Sample of completed form

Section I – Applicant Information (Note: Complete One Form per Vessel)

Name (Last, First, Middle) Que, John P.		Social Security Number 123-45-6789	
Vessel Name Sink or Swim (NA if no name)		Official Number or State Registration Number ZZ 3456 AB	
Vessel Gross Tons one (Weight of boat)	Length 21 ft	Width (if known) 6 ft	Depth (if known) 2 ft
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail) Outdoor Motor		Served As: (Master/Mate/Operator/Deckhand/etc.) Operator	
Name of body or bodies of water upon which vessel was underway (Geographic Locations) Lake Michigan off Algoma, WI; Lake Winnebago; Gulf of Mexico off Tampa			

Section II – Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
/ /	2008 / 8	2008 / 11	2008 / 11	2008 / 09	2008 / 10
/ /	2007 / 9	2007 / 09	2007 / 11	2007 / 12	2007 / 8
/ /	2006 / 5	2006 / 12	2006 / 10	2006 / 10	2006 / 5
/ /	2005 / 8	2005 / 10	2005 / 09	2005 / 12	2005 / 8
/ /	2004 / 7	2004 / 11	2004 / 12	2004 / 11	2004 / 12
July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (year / days)
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /
/ /	/ /	/ /	/ /	/ /	/ /

Total number of days served on this vessel:	240	Number of days served on Great Lakes:	175
Average hours underway (per day):	8	Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7: Inland	54
Average distance offshore:	5	Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7: NearCoastal	11

Section III – Signature and Verification Applicant Read Before Signing!

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a license/document to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U. S. C. 1001).

Signature of Applicant Sign if you own boat - send copy of ownership _____ **Date** _____

NOTE:

- If you were not the owner, the Owner, Operator, or Master must complete the remainder of this form.
- If you were the owner of the above vessel, proof of ownership must be provided with this form.

Owner, Operator or Master Read Before Signing!

I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a license to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U. S. C. 1001).

On others boat, then sign here; you sign above
Signature and title of person attesting to experience _____ **Date** _____

Owner's, Operator's, or Master's Name (Last, First Middle): Name of person signing just above	Owner's, Operator's, or Master's address and phone number: Info of person signing just above
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