

MERCHANT MARINER CREDENTIAL APPLICATION THIRD PARTY AUTHORIZATION

I _____, (full name) authorize the USCG National Maritime Center to release/discuss any information regarding my current credential application to/with the Third Party listed below, including (those checked below):

- Official correspondence and/or previous Merchant Mariner Credentials.
- Professional qualifications, certification records, or Sea Service time.
- Any information other than medical, related to the processing of my current application for a Merchant Mariner Credential.
- Any medical information related to the processing of my current application for a Merchant Mariner Credential.
- Act on my behalf in all matters pertaining to the processing of my current USCG credential application.
- Mail my credential to the third party listed below.

Third Party Information:

(Authorized Persons Name: Last, First, MI.) _____

(Organization if Applicable) _____

(Address) _____

(Phone Number and Email Address if Available) _____

This authorization expires on _____
(date)

(Mariner's Signature) _____

(Reference Number/Last (Date) 4 of Social Sec. Number) _____

You may send the release to the NMC by the four methods listed below:

- Include it with your credential application packet
- Scan the signed release and email it to IASKNMC@uscg.mil.
- Fax the signed release to 304-433-3416
- Mail the signed release to the NMC at 100 Forbes Drive, Martinsburg, WV 25404.