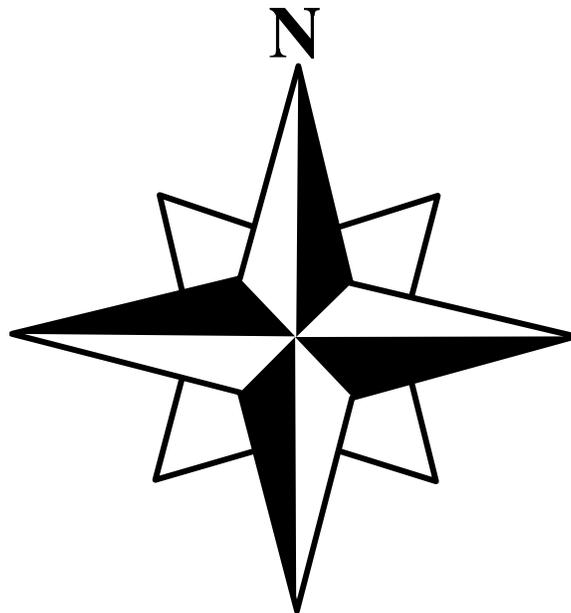


MERCHANT MARINER'S DOCUMENT

ORIGINAL OR RENEWAL

ENTRY LEVEL RATINGS



Attached are all the forms and information you will need to apply for an original or renewal of a Merchant Mariner's Document (MMD) or Z-Card. You must be at least 16 years of age and able to speak and understand the English language. Applicants under 18 must present written parental consent.

**U.S. Coast Guard Marine Safety Office
Regional Exam Center (REC) Charleston, SC**

196 Tradd Street, Charleston, SC 29401-1899

Office Hours

Monday – Friday: 7:30 AM – 4:00 PM (Closed all Federal Holidays)

Applications and supporting documents may be dropped off during normal business hours. Due to the current volume of work we are unable to process evaluations on-the-spot while you wait, but we will look over the paperwork to make sure everything is enclosed. Those mariners requiring oaths will be administered the oath when dropping off paperwork in person. Renewals of licenses and documents; requests for STCW certificates; and some endorsements, raise in grades, and original licenses not requiring examination are processed by mail. Mariners applying for original documents must appear in person for issuance of the document. Those mariners requiring an examination will be scheduled an appointment for testing after the processing of the paperwork is complete. To be fair to all mariners, applications and supporting documents, whether dropped off in person or received through the mail, are date stamped and processed in date order.

Phone Numbers

1(800) 826-1511 (NC, SC, GA, FL – 904 area code)

(843) 724-7693

Fax (843) 720-7725

Phone Hours

Monday, Tuesday, Thursday, and Friday

9:30 am – 12:00 p.m. and 1:30 p.m. to 3:00 p.m.

Wednesday

Phones are **not answered** on this day to allow evaluators
an entire day to work on backlog only.

Web Info

www.uscg.mil/stcw/

The e-mail address for the Regional Exam Center Chief

dmyers@msocharleston.uscg.mil

Directions

From Savannah - Take Highway 17 traveling North (Savannah Highway) to the Riverview Holiday Inn (located at the foot of the Ashley River bridges before you cross the bridge). Stay in the far right lane and cross the bridge leading into the city of Charleston. This will put you on Lockwood Blvd. Follow Lockwood past the city marina and Amoco Gas Station. After the sharp curve on Lockwood, which then turns into Broad Street, take the first street on the right, which is Chisolm St. Go to the first stop sign and take a right, which is Tradd Street. Go to the end of Tradd St. The Coast Guard Base Charleston is located on the right side. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Georgetown - Take Highway 17 traveling South over the Cooper River Bridge. After crossing the bridge, take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go through the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

From Columbia - Take I-26 to Charleston until it ends at Highway 17. Continue south on Hwy 17 and take the first exit for Rutledge Avenue. At the light take a left (Rutledge is one way). Stay on Rutledge and pass Colonial Lake (man-made lake on the right). Go thru the stop light after passing the lake and continue on Rutledge Avenue to Tradd Street. Take a right onto Tradd St. Coast Guard Base Charleston is on the right. Free parking is available on the street directly in front of the base. Photo identification is required for all persons entering the base.

Finger Print Cards (For Original Applicants Only)

The fingerprint cards will be mailed to you upon completion of your initial evaluation process.

Oaths on the Application Form (For Original Applicants Only)

Coast Guard officials must administer oaths. **Notaries are not allowed.** Original applicants will be administered the oath at the REC if appearing in person. License applicants who are not required to appear in person (those not required to test) may have their oaths administered at a Coast Guard facility closest to them. Call the REC for information on the closest facility available. See the enclosed "Verification of Identification of Mariner and Witnessing of Oath" form for this purpose.

MMD -- Checklist:

- Application Form (CG-719B)** – This form is required for ALL MMD transactions. The REC’s backlog of applications varies from week-to-week. As such, the processing time for completion of your application also varies.

- Physical Examination Report (CG-719KE)** – If you plan on serving on a seagoing vessel over 200 gross tons, then you must complete a physical examination report certifying you competent by a medical professional. All applicants must be physically able to perform the tasks and duties normally associated with a shipboard position, otherwise restricted ratings will be issued. This report must be dated within one year of the date of the receipt of your application. (Restricted ratings are acceptable only for Great Lakes or Inland Service.)

- Report of Chemical Drug Test:** Letter from company, Certification from Medical Review Officer, or Optional – **SAMHSA Periodic Drug Testing Form (CG-719P)**. See CG-719P Drug Test Form for further information

- Social Security Card (Original Applicants Only)** - **Original or notarized** copy of a social security card or other satisfactory evidence of applicants number.

- Proof of citizenship (Original Applicants Only) and any legal name change** - All **original** MMD applicants must provide the original (or in the case of the birth certificate, a certified copy issued by the state) of one of the following:
 - Birth certificate, or naturalization certificate, **or**
 - Baptismal certificate (recorded within one year after birth), **or**
 - U. S. Passport.
 - No application from an alien shall be accepted unless the alien presents acceptable documentary evidence from the U. S. Immigration and Naturalization Service that he/she is lawfully admitted to the United States for permanent residence, **and**
 - Acceptable evidence of nationality

- Camera Set-Up Form** - This form is required for all MMD applications. Include a recent (within 1 year) passport-sized photo, place your left thumbprint in the box indicated (use black ink), and sign your name in the center of the signature box using a medium to wide point black ink pen

- Finger Print Cards (Original Applicants Only)** –See the local REC information page included in this package (page 2).

- Renewal Applicants Only** – Provide a copy of the front and back of your present MMD.

- User Fees for MMDs** – The user fees for original and renewal documents are listed in the table below. Please ensure check or money order is payable to the U.S. Coast Guard and has your name, address, phone number, and social security number on it. For your convenience, we have provided an optional form for your use when paying by credit card.

MMD w/Entry Ratings	Evaluation	Issuance	Total
Original	\$95.00	\$45.00	\$140.00
Renewal	\$50.00	\$45.00	\$95.00

Enclose with packet:

Application Form CG-719B

Physical Exam Form CG-719KE

Drug Test Information Sheet CG-719P

Camera Setup Form

Authorization for Credit Card Transactions

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

Section I - Personal Data

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 (Area Code)	
		FAX Number	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number (Area Code)	
		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"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>				
<input type="checkbox"/> Seafarer's Training, Certification & Watchkeeping (STCW Certificate)	<input type="checkbox"/>				
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>				
<input type="checkbox"/> Certificates of Discharge					

*** 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.)

Current or Previous License/Merchant Mariner's Document History

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

Section III - Narcotics, DWI/DUI, and Conviction Record

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.) (If yes, attach statement)
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? (If yes, attach statement)
		Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? Conviction means found guilty by judgement or by plea and includes cases of deferred adjudication (NOLO CONTENDERE, 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. (If yes, attach statement)
		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? (If yes attach statement)
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? (If yes, attach statement)
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? (If yes, attach statement)
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? (If yes, attach statement)

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 Drivers Registry, through a designated State Department of Motor Vehicles, 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
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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. This is not a Reserve program nor does it guarantee call-up for employment. This authorization can be revoked at any time by contacting an U.S. Coast Guard Regional Examination Center (REC).

X Signature of Applicant	Date
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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

Date

Oath (For Originals Only and Signature must be witnessed)

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 or Notary

Date

Section VII - Application Review

[Regional Exam Center Use Only]

Signature of Approving Official

REC

(Application has been reviewed on this date)

Date

Section VIII- License / MMD Issued

License Type (wording)

Document Rating

Issue Number

Serial Number

Social Security Number

Expiration Date

Expiration Date

Signature of Issuing Official

Date

REC

Section IX - Duplicate Transactions

[National Maritime Center Use Only]

Name (First, Last Middle)

Social Security Number

Date of Birth

Place of Birth

Citizenship

Date Naturalized

Duplicate Number

Collect Additional Fee Op.

Ratings/Endorsements Authorized

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: Commandant (G-CIM), U. S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

Section I – Applicant Information

Name (Last, First, Middle) of Applicant	Social Security Number
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Section II – Physical Information

Height: _____ ft _____ in	Eye Color:	Distinguishing Marks:
Weight: _____ lbs	Hair Color:	

Section III – Physical Agility Certification

An Applicant for an Entry Level Rating [ordinary seaman, wiper, or steward’s department member (food handler)], **is not required to complete a physical examination**, but they **must** have the agility, strength, and flexibility to:

- Climb steep or vertical ladders.
- Maintain balance on a moving deck.
- Pull heavy fire hoses up to 400 feet, and have the ability to lift fully charged fire hoses.
- Rapidly don an exposure suit.
- Step over door sills of 24 inches in height.
- Open or close watertight doors that may weigh up to 56 pounds.

Place an X in the appropriate block below.

<input type="checkbox"/> Applicant has the physical strength, agility, and flexibility to perform all of the items listed above.	<input type="checkbox"/> Applicant does NOT have the physical strength, agility, and flexibility to perform any one of the items listed above.
---	---

Considering the above requirements and noting the duties to be performed by the Applicant aboard a vessel of the United States, I consider the Applicant (Please check one)	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent	<input type="checkbox"/> Needing Further Review
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Name of Physician/Physician’s Assistant/Nurse Practitioner:	Office Address, City, State, Zip Code:
License Number:	Telephone Number:

Signature of Physician/Physician’s Assistant/Nurse Practitioner	Date
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Section IV – Applicants Signature

I certify that all information provided by me is complete and true to the best of my knowledge <input checked="" type="checkbox"/> Signature of Applicant	Date
--	------

Merchant Marine Certification of Fitness for Entry Level Ratings

Section V - Description of the requirements for Certificate of Fitness

Title 46 of the Code of Federal Regulations (CFR) requires that an applicant for **Entry Level Ratings** valid for service on a seagoing vessel of 200 or more gross register tons (GRT) (domestic tonnage) "Provide a document issued by a qualified medical practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued". The following is a list of activities the Applicant shall be physically able to perform:

For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous, and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical.

All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as fire-fighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing, and handling moderate weights (from 30-60 pounds).

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 PART 12).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S 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).

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"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: Commandant (G-CIM), U. S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

INSTRUCTIONS: (NOTE-The cost of the drug test is the sole responsibility of the Applicant.
Do not send to the Coast Guard for payment.)

This form MAY be used to satisfy the requirements for "periodic drug testing" in accordance with 46 CFR 16.220. If you participate in a "**random drug testing program**" or "**pre-employment testing**" this form may NOT be necessary. **(See page 2 for details).**

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 Substance Abuse and Mental Health Services Administration (SAMHSA) protocols outlined in 49 CFR 40.21, 40.23, and 46 CFR Part 16 SUBPART C. 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 - SAMHSA Approved Laboratory Results

<p>ANALYSIS LABORATORY FACILITY INFORMATION:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p>	<p>DATE SPECIMEN ANALYZED: _____</p> <p>Specimen Analyzed For (DOT Panel 5):</p> <ul style="list-style-type: none"> • Marijuana metabolite • Cocaine metabolites • Opiates metabolites • Phencyclidine • Amphetamines <p style="text-align: center;">Has been Completed and the results are: (CIRCLE ONE)</p> <table style="width: 100%; text-align: center;"> <tr> <td style="width: 50%; padding: 5px;">Positive</td> <td style="width: 50%; padding: 5px;">Negative</td> </tr> </table>	Positive	Negative
Positive	Negative		

IMPORTANT NOTE: Specimen(s) reported as POSITIVE indicate(s) dangerous drug(s) were detected by the screening process at or above the cutoff levels specified in 49 CFR 40.29. Positive reports are confirmed by a gas chromatography/mass spectrometry test.

Section III – Medical Review Phase

I certify that I meet the qualifications for Medical Review Authority as outlined in Title 49 CFR 40.33(b). I have reviewed the results and determined that the applicant is "DRUG FREE" in accordance with 49 CFR 40.29 and 40.33.

<p>MEDICAL OFFICE INFORMATION:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>_____</p> <p>Phone: _____</p>	<p>MEDICAL REVIEW AUTHORITY:</p> <p>Name: (Printed) _____</p> <p>Signature: _____</p> <p>State License #: _____</p>
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"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: Commandant (G-CIM), U. S. Coast Guard, 2100 2nd Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

REQUIREMENTS	<ul style="list-style-type: none"> ● A drug test is required for all transactions EXCEPT endorsements and duplicates. ● ONLY a SAMHSA 5 Panel (formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
OPTION I PERIODIC TESTING PROGRAM	<ul style="list-style-type: none"> ● A drug test conducted within the past 185 days by a Substance Abuse and Mental Health Services Administration (SAMHSA) laboratory certified by the 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 physician meets the qualification requirements for a Medical Review Officer (MRO) in accordance with applicable law. It is CRITICAL that the sample is sent to an approved SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. The SAMHSA approved laboratory list can be obtained at www.health.org/labs/index.htm or you may speak with a SAMHSA customer service representative at (301) 443-6014 for specific laboratory or to request the list by mail or facsimile. ● The ORIGINAL results are required. A FACSIMILE is acceptable, IF it is originated from the laboratory or Medical Review Officer (MRO) and sent directly to our office. The drug test must be signed and dated by the MEDICAL REVIEW OFFICER (MRO).
OPTION II RANDOM TESTING	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary OR, for ACTIVE DUTY MILITARY MEMBERS an ORIGINAL letter from your command on command letterhead attesting to participation in random drug testing programs. EXAMPLE (FROM MARINE EMPLOYERS): APPLICANT'S NAME / SSN 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 (FROM MILITARY COMMANDS): APPLICANT'S NAME / SSN has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.
OPTION III PRE-EMPLOYMENT TESTING	<ul style="list-style-type: none"> ● A DATED letter on ORIGINAL company stationary signed by an approved company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. EXAMPLE: APPLICANT'S NAME / SSN 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

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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).

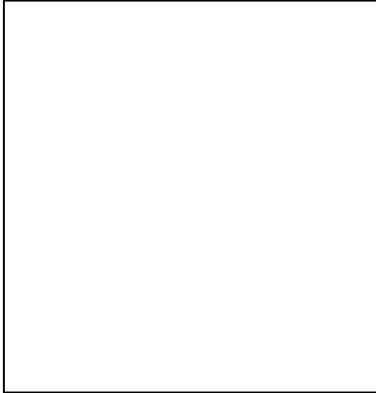
Camera Set-Up Form

(For Document Applicants Only)

Mariner's Name _____

Social Security Number _____

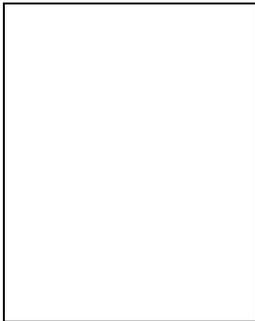
Mariner's Picture



HELPFUL HINTS

1. Passport size photo
2. Full face, head uncovered (no hat)
3. No glasses
4. Photo must be taken within 1 year
5. Print mariner name and social security number on back of photo

Mariner's Left Thumb Print



Mariner's Signature Here (Please sign your full signature using a medium to thick tipped black ink pen without touching any lines)



Name of Law Enforcement Agency _____

Signature _____



AUTHORIZATION FOR CREDIT CARD TRANSACTIONS

REGIONAL EXAM CENTER

DATE: _____

APPLICANT NAME: _____

SOCIAL SECURITY NUMBER: _____

CARDHOLDERS NAME: _____

CREDIT CARD NUMBER:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

EXPIRATION DATE:

--	--	--	--

AMOUNT OF CHARGE: \$ _____

TYPE OF CARD:

Visa

CHECK ONE

Master Card

CARDHOLDER SIGNATURE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____

.....

DATE PROCESSED: _____ CASHIER'S INITIALS: _____ AUTHORIZATION NUMBER: _____