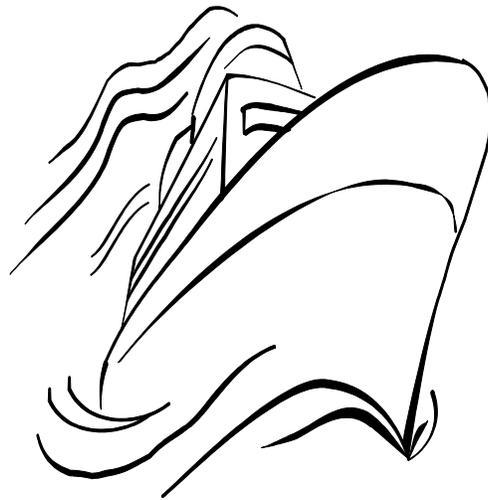


# **U. S. MERCHANT MARINE LICENSE**

## **ORIGINAL, RAISE OF GRADE, OR ENDORSEMENT** **DECK OR ENGINEER**

(This package does not include requirements for licenses for  
mobile offshore drilling units, offshore supply vessels,  
uninspected towing vessels, or pilots.)



Attached are all the forms and information you will need to apply for an original, endorsement, or raise-of-grade Merchant Marine license - either deck or engineer.

# 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/](http://www.uscg.mil/stcw/)

The e-mail address for the Regional Exam Center Chief

[dmyers@msocharleston.uscg.mil](mailto: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.

**Enclose with packet:**

- **Application Form CG-719B**
- **Physical Exam Form CG 719K**
- **Drug Test Information Sheet CG-719P**
- **Small Boat Sea Service Form CG-719S**
- **Camera Setup Form**
- **Authorization for Credit Card Transactions**

## LICENSE -- Deck or Engineer Checklist:

- Application Form (CG-719B)** – This form is required for ALL license transactions. The REC’s backlog of applications varies from week-to-week. As such, the processing time for completion of your application may vary.
- Character References (Original Applicants Only)** - For original applicants, three written recommendations attesting to your suitability for a Coast Guard License must be submitted.
  - **Upper level deck license (3<sup>rd</sup> Mate, 2<sup>nd</sup> Mate, Chief Mate and Master of Any Gross Tons)**, the recommendations must be from a master and two other licensed officers of vessels on which the applicant has served.
  - **Upper level license as engineer (3<sup>rd</sup> Assistant Engineer, 2<sup>nd</sup> Assistant Engineer, 1<sup>st</sup> Assistant Engineer, and Chief Engineer unlimited) or licensed pilot**, at least one of the recommendations must be from a chief engineer or licensed pilot, respectively, of a vessel on which the applicant has served.
  - **License for which no commercial experience** may be required, such as: master or mate 25-200 gross tons, or operator of uninspected passenger vessels the applicant may have written recommendations from three persons who have knowledge of the applicant's suitability for duty.
  - **Approved Training School-** When an applicant qualifies for a license through an approved training school such as a Maritime Academy, one of the character references must be from an official of that school.
- Social Security Card (Original Applicants Only)** - Original or notarized copy of social security card or satisfactory evidence of the applicants number.
- Proof of citizenship (Original Applicants Only) and any legal name change** – U. S. citizenship is required for **all** licenses, except the Operator of Uninspected Passenger Vessels. All **original** license applicants must provide the original (or in the case of the birth certificate, a certified copy issued by the state of origin) of one of the following:
  - Birth certificate, or naturalization certificate, **or**
  - Baptismal certificate (recorded within one year after birth), **or**
  - U. S. Passport.
  - Applicants for Operator of Uninspected Passenger Vessel licenses are not required to be U. S. citizens; however, they must present acceptable evidence of nationality (original birth certificate or passport); **and** acceptable documentary evidence from the U. S. Immigration and Naturalization Service showing lawful admittance to the U. S. for permanent residence. Non-citizens will be limited to service on undocumented, uninspected passenger vessels of less than 5 net tons.
- Finger Print Cards (Original Applicants Only)** –See the local REC information page included in this package (page 2).
- Physical Examination Report (CG-719K)** - This form is required for all **original and raise-of-grade** license applications. The form must be dated within one year of the application date for an original license or within 3 years for a raise-of-grade. Endorsements **do not** require a physical examination. If you are in doubt as to whether you are applying for a raise in grade or an endorsement, see the “User Fees for Licenses” section of this package for “Definitions for Application of Fees”.

- **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. Endorsements do not require a drug test.
  
- **First Aid/CPR Certificates (Original Applicants Only)** - All applicants for an original license must present an original or notarized copy of a certificate indicating completion of a first aid course within the past 12 months, and a currently valid certificate of completion of a CPR course from the American National Red Cross, the American Heart Association, or a Coast Guard (CG) approved course.
  
- **Sea Service** - Sea service may be documented in various forms. Evidence of the following is acceptable documentation of sea service, as applicable:
  - **Original certificates** of discharge,
  - **Small Vessel Sea Service Form (CG-719S)**,
  - **Copies of official military records** (if using military sea service), or
  - **Official documents** from marine companies on original company letterhead signed by appropriate officials or licensed masters. At a minimum, the contents of the letter must include:
    - Name and official number of each vessel on which the service was obtained
    - Vessel's gross tonnage, shaft horsepower and type of propulsion
    - Number of days underway on each vessel including the dates of service
    - Number of underway days spent on each route (Ocean-Near Coastal, Inland, Great Lakes, Western Rivers)
    - Number of hours worked per day
    - A brief description of duties or work
  
- **Recency:** The applicant for any original license, endorsement or raise-of-grade of license must have at least three months (90 days) of qualifying service on vessels of appropriate tonnage or horsepower within the three years immediately preceding the date of application.
  
- **Radar Observer (Deck licenses only)** – In order to obtain a deck license with a tonnage limitation over 200 gross registered tons or any deck license endorsed with an ocean route, the applicant must present a valid certificate or a notarized copy of the successful completion of a Coast Guard approved Radar Observer course completed within 5 years of the date of application.
  
- **Basic and Advanced Firefighting** – Applies to deck licenses over 200 gross registered tons, any deck ocean license, and any licensed engineer. The applicant must present the originals or notarized copies of the completion certificate from Coast Guard approved course(s) in basic and advanced firefighting completed within 5 years of the date of application for originals. Applicants for raise in grade or increase in scope of a license who have not previously met the requirements, must do so.
  
- **Able Seaman (Ocean or Near Coastal deck licenses only)** - In order to obtain a deck license with a tonnage limitation over 200 gross registered tons, or any deck license endorsed with an ocean route, the applicant must qualify as an Able Seaman-Unlimited or Able Seaman-Limited. Able Seaman-Special or Able Seaman-OSV will satisfy the requirement for licenses permitting service on vessels of 1600 gross registered tons and less.

Additional Information:

- Copy of the front and back** of your license, Merchant Mariner’s Document, and/or STCW certificate (if you are the holder of any of these).
- Camera Setup Form for Merchant Mariner’s Document (MMD)**– Original and raise in grade applicants may obtain a new MMD with a new expiration date when their licenses are issued. If you wish to obtain a new MMD as part of this transaction, please provide the completed **Camera Set-Up Form** (enclosed). 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.
- Assistance Towing Endorsement (Deck License Applicants and OUPV’s)** – This may be added to deck licenses of 200 GRT or less or the Operator of Uninspected Passenger Vessel licenses. This endorsement authorizes the holder to engage in assistance towing of disabled vessels for consideration within the scope and limitations of the license held. A written examination is required to demonstrate knowledge of assistance towing, safety, equipment, and procedures. This may be added as a separate transaction by itself or with an original, raise in grade or other endorsement transaction. As a separate transaction by itself, endorsement examination and issuance fees will be applicable, if an examination is required. As a part of another transaction, an examination fee will apply if the Assistance Towing examination is the only exam administered.
- Sail or Auxiliary Sail Endorsement (Deck License Applicants)** – Masters and Mates may be endorsed for sail or auxiliary sail, as appropriate. This endorsement authorizes the holder to operate a sail or auxiliary sail vessel, as applicable, within the scope and limitations on the license. A written examination is required to demonstrate knowledge of sailing. For licenses of 200 GRT or less, see “Service Requirements” under “Lower Level Deck Licenses” for the service required for that particular gross registered tons. For licenses over 200 GRT, the service required is 360 days deck service on appropriately sized sail or auxiliary sail vessels. Appropriately sized vessels are 100 GRT for the 1600 GRT license and 50 GRT for the 500 GRT license. For the Any Gross Ton license, all the service must be on vessels over 200 GRT and at least half on vessels over 1600 GRT. This endorsement may be added as a separate transaction by itself or with an original, raise in grade, or endorsement transaction. As a separate transaction by itself, endorsement evaluation, examination (if required), and issuance fees will be applicable. As a part of another transaction, an examination fee (if required) will apply if the sail examination is the only exam administered.
- User Fees for Licenses** – Please ensure check or money order is payable to 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.

<b>License Applied For</b>	<b>Evaluation</b>	<b>Examination**</b>	<b>Issuance</b>	<b>Total w/ exam**1,2</b>
Upper Level	\$100.00	\$110.00	\$45.00	\$255.00
Lower Level	\$100.00	\$95.00	\$45.00	\$240.00
Raise of Grade	\$100.00	\$45.00	\$45.00	\$190.00
Endorsement	\$50.00	\$45.00	\$45.00	\$140.00

**\*\*1. Examination fees are only required if exams need to be administered**

**\*\*2. If MMD is required an additional issuance of \$45.00 is required.**

**Definitions for Application of Fees:**

Upper Level - Deck and Engineer	Ocean or Near Coastal, Any Gross Ton license as: Master, Chief Mate, Second Mate, Third Mate Chief Engineer, 1 <sup>st</sup> Assistant Engineer, 2 <sup>nd</sup> Assistant Engineer, 3 <sup>rd</sup> Assistant Engineer -
Lower Level	All licenses other than upper level
Raise-of-Grade	Advancing to a higher level of authority. For example, mate to master, assistant engineer to chief engineer. Upper level increases; as 3 <sup>rd</sup> Mate to 2 <sup>nd</sup> Mate; or 1 <sup>st</sup> Assistant Engineer to Chief Engineer. Increase to a higher tonnage category as from a deck license of 25 to 200 gross registered tons (GRT) advancing to a deck license of 500 or 1600 GRT.
Endorsement	Increasing the scope of a license such as increasing tonnage within a tonnage category (25 GRT up to 200 GRT); increasing routes from Inland Waters to Near Coastal Waters; increasing the horsepower limitation on a license; adding another propulsion mode; and adding radar observer, sail/auxiliary sail, or assistance towing to a license.

**SEA SERVICE REQUIREMENTS:**

The following are very general service requirements - Many licenses have alternative ways to qualify that may not be mentioned here due to lack of space. See the specific regulation site mentioned for additional options for qualifying. If you have specific questions regarding your sea service, need clarification, or don't see the license you are interested in applying for on this list, please call your local REC.

**In addition to the requirements below, the mariner may have to meet STCW 95 requirements; see the STCW 95 page, as well.**

- UPPER LEVEL ENGINEER LICENSES** (1/3 of service must be on each propulsion for which applied; 1/2 on vessels of 4,000 hp or more or a hp limitation will apply. See 46 CFR 10.503 for hp limitations.)
  - **3<sup>rd</sup> Assistant** (46 CFR 10.516) – 1080 days service in the engine room with 720 days as QMED, **or** 360 days as Chief Engineer (Limited-Near Coastal).
  - **2<sup>nd</sup> Assistant** (46 CFR 10.514) – 360 days as engineering watch officer while holding license as 3<sup>rd</sup>, **or** 180 days as engineering watch officer and QMED service (accepted at 2-for-1 basis) accumulated while holding license as 3<sup>rd</sup> for balance of year; **or** 360 days service as Chief Engineer (Limited-Oceans).
  - **1<sup>st</sup> Assistant** (46 CFR 10.512)– 360 days service as engineering watch officer while holding license as 2<sup>nd</sup> Assistant.
  - **Chief Engineer** (46 CFR 10.510)– 360 days service as 1<sup>st</sup> Assistant; **or**, 180 days as 1<sup>st</sup> Assistant and remainder of year service as engineering watch officer (accepted at 2-for-1 basis) accumulated while holding license as 1<sup>st</sup> Assistant.

- **LOWER LEVEL ENGINEER LICENSES** (1/3 of service must be on each propulsion for which applied; 1/2 on vessels of 4,000 hp or more or a hp limitation will apply, except for DDE's. See 46 CFR 10.503 for hp limitations.)
  - **Designated Duty Engineer** (46 CFR 10.524)
    - 1000 hp** - 360 days service in the engine room with 180 days as QMED.
    - 4000 hp** - 720 days service in the engine room with 360 days as QMED.
    - Any hp** - 1080 days service in the engine room with 540 days as QMED.
  - **Assistant Engineer (Limited-Oceans)** (46 CFR 10.522)–1080 days service in the engine room with 540 days as QMED.
  - **Chief Engineer – (Limited-Near Coastal)** (46 CFR 10.520)–1440 days service in engine room with 360 days as licensed engineer and 720 days as QMED.
  - **Chief Engineer – (Limited-Oceans)** (46 CFR 10.518)–1800 days service in the engine room with 720 days as licensed engineer and 900 days as QMED.
  - **Assistant Engineer of Uninspected Fishing Industry Vessels** (46 CFR 10.530)–1080 days service in the engine room; 2/3's of the total service must be on motor vessels.
  - **Chief Engineer of Uninspected Fishing Industry Vessels** (46 CFR 10.530)-1440 days service in the engine room; with 360 days as Assistant Engineer; 2/3's of the total service must be on motor vessels.
- **UPPER LEVEL DECK LICENSES** (All service required must be on vessels over 200 GRT; 1/2 must be on vessels over 1600 GRT or a tonnage limitation will apply. See 46 CFR 10.402 for tonnage limitations.)
  - **3<sup>rd</sup> Mate** (46 CFR 10.407)-1080 days service in deck department with 180 days as AB while holding AB, **or** 360 days as master on vessels over 200 gross tons while holding license as master 1600 GRT.
  - **2<sup>nd</sup> Mate** (46 CFR 10.406)-360 days as officer-in-charge of a deck watch while holding a license as 3<sup>rd</sup> Mate, **or** 180 days in charge of deck watch and 2-for-1 credit for service as AB to a maximum of 180 days while holding license as 3<sup>rd</sup> Mate.
  - **Chief Mate** (46 CFR 10.405)-360 days service as officer in charge of a deck watch while holding a license as 2<sup>nd</sup> Mate.
  - **Master** (46 CFR 10.404)-360 days as Chief Mate, **or** minimum 180 days as Chief Mate and service as officer-in-charge of a navigational watch (accepted on a 2-for-1 basis to a maximum of 180 days) while holding a license as Chief Mate.
- **LOWER LEVEL DECK LICENSES**
- **Operator of Uninspected Passenger Vessels (OUPV), or "6-Pack"** (46 CFR 10.467) – 360 days underway deck service. For a Near Coastal (NC) endorsement, 90 days must be on ocean or near coastal routes. For a Great Lakes endorsement, 90 days must be on the Great Lakes.

- **Mate Great Lakes/Inland** (Tonnage limitation based on sizes of vessels served on will apply for 25-200 GRT. See 46 CFR 10.450 for limitations.)
  - **25-200 GRT** (46 CFR 10.454) - 180 days underway deck service; 90 days on Great Lakes for Great Lakes route; 90 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **500 GRT** (46 CFR 10.448) - 720 days with 360 on vessels over 50 GRT; 90 days must be as AB on vessels over 50 GRT while holding MMD with AB.
  - **1600 GRT** (46 CFR 10.444) - 720 days with 360 days over 100 GRT; 180 days must be as AB on vessels over 100 GRT while holding MMD with AB.
  - **Any Gross Ton** (46 CFR 10.437) – 1080 days deck service on vessels; including 90 days on inland waters, with 180 days service as able seaman, inland mate, wheelsman, boatswain, quartermaster or equivalent position. See 10.437 for more options.
  
- **Master Great Lakes/Inland** (Tonnage limitation based on sizes of vessels served on will apply for 25-200 GRT. See 46 CFR 10.450 for limitations.)
  - **25-100 Gross Registered Tons (GRT)** (46 CFR 10.455) -360 days underway deck service; 90 days on Great Lakes for Great Lakes route; 180 days on sail or auxiliary sail vessels for sail/auxiliary endorsement.
  - **200 GRT** (46 CFR 10.452) -360 days with 180 days as master/mate/OUPV while holding a master/mate/OUPV license; 90 days on Great Lakes for Great Lakes routes; 180 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **500 GRT** (46 CFR 10.446)-1080 days with 360 days as master/mate/OUPV on vessels over 50 GRT while holding license as master/mate/OUPV.
  - **1600 GRT** (46 CFR 10.442) – 1080 days with 540 days on vessels over 100 GRT, and 360 on vessels over 100 GRT as master or mate while holding license.
  - **Any GRT-Inland** (46 CFR 10.435) – 360 days as First Class Pilot (of other than canal and small lakes routes) or as mate of Great Lakes or Inland vessels more than 1600 GRT; **or** 720 days as wheelsman or quartermaster on vessels over 200 GRT while holding a mate/First Class Pilot license.
  - **Any GRT-Great Lakes/Inland** (46 CFR 10.433) 360 days as mate or First Class Pilot while holding a license and acting in the capacity of first mate of Great Lakes vessels of more than 1600 GRT; **or** 720 days as master of inland (excluding Great Lakes) vessels of more than 1600 GRT; or see 10.433 for another option.
  
- **Master/Mate Rivers**
  - **25-1600** (46 CFR 10.459)- See requirements for corresponding tonnages for master/mate Great Lakes and Inland licenses, except service on Great Lakes is not required.
  - **Any GRT** (46 CFR 10.549)- See requirements for Master Any GRT-Inland.
  
- **Mate Near Coastal** (1/2 of required service may be accumulated on inland waters. Tonnage limitation based on sizes of vessels served on will apply for 25-200 GRT. See 46 CFR 10.422 for limitations.)
  - **25-200 GRT** (46 CFR 10.427) - 360 days deck service; 180 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **500 GRT** (46 CFR 10.421) – 720 days with 360 on vessels over 50 GRT; 90 days as AB on vessels over 50 GRT while holding MMD with AB.
  - **1600 GRT** (46 CFR 10.416) - 720 days with 360 on vessels over 100 GRT; 180 days as AB on vessels over 100 GRT while holding MMD with AB.
  
- **Mate Oceans** (1/2 of required service may be accumulated on inland waters.)

- **500 GRT** (46 CFR 10.10.420)- 720 days with 360 days as master or mate while holding a license; 180 days of licensed service must be on vessels over 50 GRT.
  - **1600 GRT** (46 CFR 10.416)-1080 days with 360 days over 100 GRT, 360 days as master or mate while holding a license, 180 days of licensed service must be on vessels over 100 GRT; or 1080 days on vessels over 200 GRT with 180 days as AB while holding MMD with AB.
- **Master Ocean/Near Coastal** (1/2 of required service may be accumulated on inland waters. Tonnage limitation based on sizes of vessels served on will apply for 25-200 GRT. See 46 CFR 10.422 for limitations.)
- **25-100 GRT NC** (46 CFR 10.10.428)- 720 days underway deck service; 360 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **200 GRT NC** (46 CFR 10.426)- 720 days underway with 360 days as master/mate/OUPV while holding license; 360 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **200 GRT Oceans** (46 CFR 10.424)– 1080 days underway with 720 days as master/mate/OUPV while holding license; 360 days on sail or auxiliary sail vessels for sail/auxiliary sail endorsement.
  - **500 GRT** (46 CFR 10.418)-1080 days underway with 720 days as master/mate/OUPV while holding license; 360 of the master/mate/OUPV service must be on vessels over 50 GRT. Ocean endorsement requires completion of Celestial Navigation exam.
  - **1600 GRT** (46 CFR 10.412) – 1440 days underway with 720 days on vessels over 100 GRT; 720 days must have been as master/mate/OUPV while holding license with 360 days of the master/ mate/OUPV service on vessels over 100 GRT. Ocean endorsement requires completion of Celestial Navigation exam.
- **Mate Uninspected Fishing Industry Vessels Oceans/Near Coastal** (1/2 of required service may be accumulated on inland waters.)
- **500 GRT** (46 CFR 10.462(d))– 1080 days deck service with 360 days on vessels over 50 GRT.
  - **1600 GRT** (46 CFR 10.462(d))– 1080 days deck service with 360 days on vessels over 100 GRT.
  - **Over 1600 GRT and not more than 5000 GRT** (46 CFR 10.462(d) – 1080 days deck service. Tonnage limitations (in multiples of 1000) apply over 1600 GRT, not to exceed 5000 GRT. Tonnage is based on sizes of vessels served on. See 46 CFR 10.462(d)(3) for formulas.
- **Master Uninspected Fishing Industry Vessels Oceans/Near Coastal** (1/2 of required service may be accumulated on inland waters.)
- **500 GRT** (46 CFR 10.462(c)) - 1440 days deck service with 360 days as master/mate/OUPV while holding a license as master/mate/OUPV; 720 days of the total service, including the 360 as master/mate/OUPV, must be on vessels over 50 GRT.
  - **1600 GRT** (46 CFR 10.462(c)) - 1440 days deck service with 360 days as master/mate/OUPV while holding a license as master/mate/OUPV; 720 days of the total service, including the 360 as master/mate/OUPV, must be on vessels over 100 GRT.
  - **Over 1600 GRT and not more than 5000 GRT** (46 CFR 10.462(c)) - 1440 days deck service with 360 days as master/mate/ OUPV while holding a license as master/mate/OUPV. Tonnage limitations (in multiples of 1000) apply over 1600 GRT, not to exceed 5000 GRT. Tonnage is based on sizes of vessels served on. See 46 CFR 10.462(c)(3) for formulas.
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**After January 31, 2002 (if applicable)**  
**STCW INTERNATIONAL CONVENTION**  
**ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING OF**  
**SEAFARERS**

**STCW applies only to mariners employed on certain vessels operating seaward of the boundary line specified in 46 CFR Part 7. Some vessel exemptions to STCW include fishing vessels, fish tender vessels, pleasure yachts not in trade, and uninspected passenger vessels. STCW applies to:**

- Masters and mates** licensed for service on vessels on ocean or near coastal routes, regardless of any tonnage limitation
- Engineer officers** licensed for service on vessels of 1000 horsepower or more
- Able seaman** on vessels of 500 or more gross tons
- Tankerman PIC, Engineer and Assistant** (DL and/or LG)
- Lifeboatman**
- Any rating forming part of a watch** in a manned engine room or designated to perform duties in a periodically unmanned engine room of a vessel of more than 1000 horsepower
- Every person qualified** to perform radio duties or serve as an at-sea maintainer on a ship required to participate in the Global Maritime Distress and Safety System (GMDSS)

**Masters and mates on passenger vessels under 100 gross tons and other vessels under 200 gross registered tons and Designated Duty Engineers (1000 and 4000 hp), not on foreign voyages, may choose to have their licenses endorsed as follows instead of having a separate STCW issued (no additional requirements are necessary to obtain this endorsement):**

- “For domestic voyages only, the holder of this license meets the 1995 STCW requirements without further endorsement.”

**Mariners obtaining an STCW certificate must meet the following requirements:**

- Basic Safety Training (BST)** – All Applicants (includes the following 4 elements):
  - Personal Survival Techniques
  - Fire Prevention and Fire Fighting
  - Elementary First Aid
  - Personal Safety and Social Responsibilities
- Bridge Resource Management** - Deck officers on vessels 200 GRT or more.
- GMDSS** - Deck/Radio officers employed on vessels equipped with GMDSS.
- ARPA** - Deck officers employed on vessels equipped with ARPA.
- Lifeboatman** - All Deck officers vessels 200 GRT or more and Engineer officers and AB's.

**STCW-95 Certificate** – To obtain an STCW Certificate, provide the following (original training certificates or notarized copies are required; original certificates will be returned to applicant):

- Photo:** One recent passport-size photograph.
- Basic Safety Training Certificates:** Personal Survival Techniques, Fire Prevention and Fire Fighting, Elementary First Aid, and Personal Safety and Social Responsibilities CG approved courses.
- Bridge Resource Management:** CG approved course.
- ARPA:** CG approved course.
- GMDSS Certificate:** CG approved course.
- FCC License:** FCC license for GMDSS operator/maintainer, as applicable.
- Proof of Proficiency in the Use of Survival Craft:** Holder of AB or lifeboatman endorsements on MMD or meet all qualifications for lifeboatman.

# 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.) <b>(If yes, attach statement)</b>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <b>(If yes, attach statement)</b>
		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. <b>(If yes, attach statement)</b>
		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? <b>(If yes attach statement)</b>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <b>(If yes, attach statement)</b>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <b>(If yes, attach statement)</b>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <b>(If yes, attach statement)</b>

**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.**

<b>X</b> Signature of Applicant agreeing to the above statement	<b>Date</b>
---	-------------

**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**

**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**

**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 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

### **Instructions for Applicant**

**This section gives details for the completion of appropriate sections of this form. If you are applying for:**

1. **ORIGINAL LICENSES AND/OR QUALIFIED RATING DOCUMENTS** (i.e., *First Rating of Able Seaman, Qualified Member of the Engine Department, and Tankerman*) – You must complete the entire report.
2. **RENEWALS FOR LICENSES AND QUALIFIED RATING DOCUMENTS** – You must complete Sections:  
**I-Applicant Information, III-Vision, V-Hearing, and VII-Certification of Physical Impairment or Medical Conditions.**
3. **RAISE-IN-GRADES (LICENSES)** – You must complete Sections: **I- Applicant Information and VII-Certification of Physical Impairment or Medical Conditions.**

### **Instructions for Physician/Physician's Assistant/Nurse Practitioner**

**The U.S. Coast Guard requires a physical examination/certification to determine that all holders of Coast Guard issued licenses and Merchant Mariner documents (Note: the list below may be some of the physical demands placed on the Applicant as part of his/her assigned duties):**

- Are of sound health.
  - Have no physical limitations that would hinder or prevent performance of duties.
  - Are capable of working in cramped spaces on rolling vessels.
  - Are able to maintain balance on a moving deck.
  - Are able to rapidly don an exposure suit.
  - Are able to step over door sills of 24 inches in height.
  - Are able to open or close watertight doors that may weigh up to 56 pounds.
  - Are able to pull heavy fire hoses a distance of 400 feet, and have the ability to lift fully charged fire hoses.
  - Are able to climb steep stairs or vertical ladders without assistance.
  - In an emergency must be able to fully participate in the firefighting and lifesaving efforts including wearing a self-contained breathing apparatus (SCBA).
  - Are physically and mentally able to stay alert for 4 to 6-hour shifts.
  - Are free from any medical conditions that pose a risk of sudden incapacitation which would affect operating or working on vessels.
1. Detailed guidelines on potentially disqualifying medical conditions may be obtained from any U.S. Coast Guard Regional Exam Center or by calling the National Maritime Center at (202) 493-1000.
  2. Examples of physical impairment or medical conditions that could lead to disqualification include impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgement or reaction time are potentially disqualifying and will require a detailed evaluation.
  3. Engineer Applicants only need be able to distinguish Red, Yellow, Green, and Blue. However, the Color Vision Test must still be noted on the Examination with a statement of proof, attesting to his/her ability to distinguish the stated colors.
  4. This applicant should present photo identification before the physical examination/certification.

**Section I - Applicant Information**

Name (Last, First, Middle) of Applicant \_\_\_\_\_

Date of birth (Month, Day, Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Section II - Physical Information**

Eye color _____	Hair color _____	Weight _____ lbs	Distinguishing Marks _____
Height _____ ft _____ in	Blood Pressure Systolic _____ / Diastolic _____	Pulse Resting _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	

**Section III - Vision**

**NOTE: If you have correctable vision, BOTH Uncorrected and Corrected MUST be completed.**

UNCORRECTED VISION	CORRECTED VISION	FIELD OF VISION
Right 20 / _____ Left 20 / _____	Right 20 / _____ Left 20 / _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Degrees- Rt _____ Lt _____

**Section IV - Color Vision (For Engineer Applicants refer to Note 3, found in the Instructions, Page 1)**

PASS  FAIL **Mariners must be tested using one of the following tests; indicate the test. Color sensing lenses are prohibited.**

<b>Pseudoisochromatic Plates</b> <input type="checkbox"/> Divorine - 2nd Ed <input type="checkbox"/> AOC <input type="checkbox"/> AOC Rev Ed <input type="checkbox"/> AOC - HRR <input type="checkbox"/> Ishihara 16, 24, 38 Plate Ed	<input type="checkbox"/> Eldridge - Green Perception Lantern <input type="checkbox"/> Farnsworth Lantern (FALANT) <input type="checkbox"/> Keystone Orthoscope <input type="checkbox"/> Keystone Telebinocular <input type="checkbox"/> SAMCTT <input type="checkbox"/> Titmus Optical Vision Test <input type="checkbox"/> Williams Lantern
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**Section V - Hearing**

NORMAL  IMPAIRED (If impaired, complete Audiometer and Functional Speech Discrimination Test)

Audiometer (Threshold Value)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right Ear (Unaided)				
Left Ear (Unaided)				
Right Ear (Aided)				
Left Ear (Aided)				

Functional Speech Discrimination Test at 55 dB

Right Ear (Unaided) _____ %	Left Ear (Unaided) _____ %
Right Ear (Aided) _____ %	Left Ear (Aided) _____ %

**Section VI - Medications**

List all medications (current and past), including dosage and possible side effects.  
State the condition(s) for which the medication(s) are/were taken.

NO PRESCRIPTION MEDICATIONS

**Section VII – Certification of Physical Impairment or Medical Conditions**

**Does the Applicant have or ever suffered from any of the following? IF YES, PROVIDE TEST RESULTS, AS INDICATED.**

**If YES:**

- Identify the condition
- Any limitations
- List Current/Past RX's
- Date of diagnosis
- Prognosis
- Is condition controlled; how long

No	Yes		Remarks (Please Print)
		<b>1. Circulatory System</b>	
		a. Heart disease ( <b>Stress Test w/in the past year</b> )	
		b. Hypertension ( <b>recent BP reading</b> )	
		c. Chronic renal failure	
		d. Cardiac surgery ( <b>Stress Test w/in the past year</b> )	
		e. Blood disorder/vascular disease	
		<b>2. Digestive System</b>	
		a. Severe digestive disorder	
		<b>3. Endocrine System</b>	
		a. Thyroid dysfunction ( <b>TSH level within the past year</b> )	
		b. Diabetes ( <b>State effects on vision &amp; HgbAlc w/in 30 days</b> )	
		<b>4. Infectious</b>	
		a. Communicable disease	
		b. Hepatitis A, B or C	
		c. HIV	
		d. Tuberculosis	
		<b>5. Mental System</b>	
		a. Psychiatric disorder	
		b. Depression	
		c. Attempted suicide	
		d. Alcohol abuse	
		e. Drug abuse	
		f. Loss of memory	
		<b>6. Musculoskeletal System</b>	
		a. Amputations	
		b. Impaired range of motion	
		c. Impaired balance/coordination	
		<b>7. Nervous System</b>	
		a. Epilepsy/seizure	
		b. Dizziness/unconsciousness	
		c. Paralysis	
		<b>8. Respiratory System</b>	
		a. Asthma ( <b>PFT results w/in the past year</b> )	
		b. Lung disease ( <b>PFT results w/in the past year</b> )	
		<b>9. Other</b>	
		a. Debilitating allergies	
		b. Other eye disease ( <b>Corrected/Uncorrected Visual acuity</b> )	
		c. Glaucoma ( <b>Pressure test results w/in the past year</b> )	
		d. Recent or repetitive surgery	
		e. Sleepwalking	
		f. Severe speech impediment	
		g. Other illness or disability not listed	

**Considering the findings in this examination, and noting the duties to be performed by the Applicant aboard a vessel of the United States, I consider the Applicant** (please check one)  **Competent**  **Not competent**  **Needing further review**

Name of Physician/Physician's Assistant/Nurse Practitioner	License Number.	Telephone Number	Office Address, City, State, Zip
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Signature of Physician/Physician's Assistant/Nurse Practitioner	Date
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I certify that all information provided by me is complete and true to the best of my knowledge

X Signature of Applicant	Date
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Privacy Act Statement

As required by 5 U.S.C. 552a(e)(3), the following information is provided when supplying personal information to the U.S. 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 shipboard duties.
  - b. To ensure that a duly licensed Physician/Physician's 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 the applicant is physically competent to hold a merchant marine license or document.
  - b. The information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
  - c. This information may be used by the 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 license or Merchant Mariner's 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 2<sup>nd</sup> 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.

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

## Section II - SAMHSA Approved Laboratory Results

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

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

<b>REQUIREMENTS</b>	<ul style="list-style-type: none"> <li>● A drug test is required for all transactions EXCEPT endorsements and duplicates.</li> <li>● <b>ONLY a SAMHSA 5 Panel (formerly NIDA 5)</b>, testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines <b>will be accepted.</b></li> </ul>
<b>OPTION I PERIODIC TESTING PROGRAM</b>	<ul style="list-style-type: none"> <li>● 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.</li> <li>● 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 <b>CRITICAL</b> 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 <a href="http://www.health.org/labs/index.htm">www.health.org/labs/index.htm</a> 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.</li> <li>● 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).</li> </ul>
<b>OPTION II RANDOM TESTING</b>	<ul style="list-style-type: none"> <li>● An ORIGINAL <b>DATED</b> 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. <b>EXAMPLE (FROM MARINE EMPLOYERS):</b> 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. <b>EXAMPLE (FROM MILITARY COMMANDS):</b> 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.</li> </ul>
<b>OPTION III PRE-EMPLOYMENT TESTING</b>	<ul style="list-style-type: none"> <li>● A <b>DATED</b> 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. <b>EXAMPLE:</b> 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.</li> </ul>

**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).

## 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 operated on this vessel:		Number of days operated on Great Lakes:	
Average hours underway(per day):		Number of days operated inland:	
Average distance offshore:		Number of days operated near coastal:	

### Section III – Signature and Verification Applicant Read Before Signing!

I certify that I have operated 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
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**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 Read Before Signing!

I certify that the above individual has operated 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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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 LICENSE OR 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).

"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 15 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 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

# Camera Set-Up Form

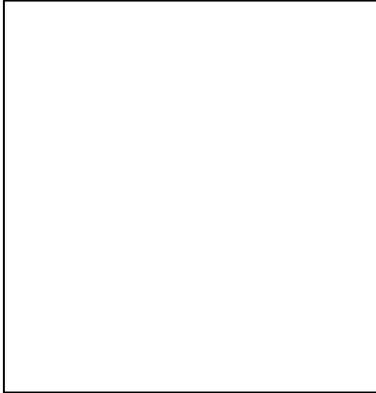
(For Document Applicants Only)

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Mariner's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

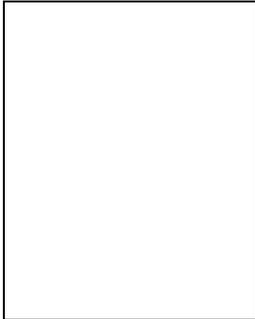
Mariner's Picture



## 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:

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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: \_\_\_\_\_

