Designated Examiner Request Guide Cover Sheet

Please take time to fill out the guide completely, making sure to read all blocks. **Do not leave any fields blank.** If the block does not pertain to you, please place "NA" (Not Applicable) in the block. By putting NA in the block, the evaluator knows that you have read the complete guide and have given all information that applies to your request.

Designated Examiner Checklist	
1 Credential Information / Copy	NA
2 Service Letters or Detailed Résumé	NA
3 DE Request Guide	NA

Comments:

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Designated Examiner Request Guide

Section I - Designated Examiner Candidate Information			
☐ **By checking this box, you give the Coast Guard permission to publish the following personal information: name, address, and phone number. Your choice is voluntary and will have no bearing on the disposition of your application in any way.**			
Mariner Reference Number:			**Date:**
Name: **Last**	**First**	**Middle**	**Suffix**
Address:			
City:		**State:** WY	**ZIP Code:**
Home Phone:		**Mobile Phone:**	
E-mail:			
If company is submitting this guide on behalf of candidate, provide company information below:			
Company Name:			
POC Name:			
Address:			
City:		**State:** WY	**ZIP Code:**
E-mail:		**Phone:**	

Section II - Requests

Indicate the approval type you are seeking:

☐ **Original** ☐ **Renewal** ☐ **Modification (Additional Route)**

For Renewal or Modification request, provide expiration date of current approval: _____

Indicate the route(s) you are seeking:

☐ **Near Coastal/Oceans** ☐ **Inland/Great Lakes** ☐ **Western Rivers** ☐ **Limited**

Route Limitations, Geographical Restrictions, and/or Task Restrictions (if applicable):

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Section III - USCG Held Endorsement (List additional endorsements in Notes section below)		
Endorsement Title (Please attach a copy of credential(s)):	**Issued Date:**	**Expiration Date:**
Limitations (check all that apply):		
☐ **Near Coastal/Oceans** ☐ **Inland/Great Lakes** ☐ **Western Rivers** ☐ **Limited**		
Restrictions:		
Notes:		

Section IV - Vessel Experience
Please attach a detailed résumé or a copy of sea service record. This experience should include at least 3 years as Captain aboard towing vessels for each route requested.
Do you have at least 3 years of service as a Master of Towing Vessels on each route requested? ○ **Yes** ○ **No**
Do you have experience with, or have you been trained and/or instructed in assessment techniques? ○ **Yes** ○ **No**

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