U.S. Coast Guard National Maritime Center

Merchant Mariner Credential Application Acceptance Checklist

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

CRITICAL ITEMS FOR EVALUATION

☐ **Transportation Workers Identification Card (TWIC)**: (For all transactions) - Provide evidence that you either hold or have held a valid TWIC (photocopy of TWIC) or have applied for a TWIC (TWIC Application Receipt). If you are not required to hold a TWIC according to CG-543 Policy Letter 11-15, then please include a statement that you do not require a TWIC. **IMPORTANT:** Failure to provide the above will result in your MMC application being returned to you.

☐ **Evaluation User Fee**: Pay via credit card or bank account using **https://www.pay.gov** . **IMPORTANT:** Print and include your payment receipt as proof of payment.

☐ **CG Form 719B Application**: Be sure to read and accurately complete this entire form. Double check your mailing address and contact information. **IMPORTANT:** Every person who receives an original credential must first take an oath. The oath may be administered by a designated Coast Guard individual or any person legally permitted to administer oaths in the jurisdiction where the person taking the oath resides (e.g. notary).

☐ **Form I-551 Alien Registration Card**: A front and back photocopy of your form I-551 Alien Registration Card. **IMPORTANT:** This applies to foreign nationals applying for rating endorsements. You must show lawful admittance to the United States for permanent residence (Form I-551).

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

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

- ☐ **CG Form 719K Physical Examination Report**: To be used for all original, renewal, and raise of grade officer, and qualified rating endorsement applications. Applications for entry-level (ordinary seamen, wiper, stewards department, food handler); endorsements should use the CG Form 719K/E Entry Level Physical Examination Report. **IMPORTANT:** Food Handler endorsement with a 719K/E requires statement from physician attesting "free of communicable diseases". Be sure that your medical practitioner completes **all parts** of the form, including signature, and that it is dated within 12 months of your application. **NOTE:** Raise of grade transactions are 36 months.

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

- ☐ Front and back photocopy of license, merchant mariner's document, and STCW endorsement (if applicable).

- ☐ Authorization: 3rd party info release or different correspondence/credential mailing address (if applicable).

- ☐ Evidence of appropriate sea service.

- ☐ Photocopies of all applicable Training Course Certificate(s).

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

U. S. Coast Guard Regional Exam Centers

- **Once you have completed your application packet you can either mail, e-mail, or turn it in by appointment to one of the Regional Exam Centers (REC) listed below.**
- **If mailing it, please use one of the addresses listed below. It is best to send to your nearest REC.**
- **If you plan on going to the REC to turn it in, please visit the NMC website at www.uscg.mil/nmc to schedule an appointment. Once there, click "REC Information" and then choose the REC you will be visiting. Click "Appointments" and follow the directions.**
- **If e-mailing it, please use one of the e-mail addresses listed below. It is best to e-mail it to your nearest REC.**
- **If you have questions, please call us at 1-888-427-5662 or send e-mail to IASKNMC@uscg.mil.**

NOTE! Do *not* mail applications to the National Maritime Center in Martinsburg, WV.

USCG- REC Anchorage Address: 800 E. Diamond Bldg. Suite 3-227 Anchorage, AK 99515 Fax: (907)-271-6742 E-mail: REC-ANC-AppSubmission@uscg.mil	**USCG-REC Juneau** Address:9105 Mendenhall Mall Road Suite 170 Juneau, AK 99801-8545 Fax: (907) 463-2482 E-mail: REC-JUN-AppSubmission@uscg.mil	**USCG-REC Portland** Address: 911 NE 11th Avenue Room# 637 Portland, OR 97232-4169 Fax: (503) 231-6738 E-mail: REC-POR-AppSubmission@uscg.mil
USCG-REC Baltimore Address: U.S. Customs House Rm. 420 40 South Gay Street Baltimore, MD 21202-4022 Fax: (410) 962-0930 E-mail: REC-BAL-AppSubmission@uscg.mil	**USCG-REC Long Beach** Address: 501 W. Ocean Blvd. Suite 6200 Long Beach, CA 90802 Fax: (562) 435-1050 E-mail: REC-LOS-AppSubmission@uscg.mil	**USCG-REC Seattle** Address: 915 Second Ave. Room 194 Seattle, WA 98174-1067 Fax: (206) 220-7329 E-mail: REC-SEA-AppSubmission@uscg.mil
USCG-REC Boston Address: 455 Commercial Street. Boston, MA 02109-1045 Fax: (617)-223-3034 E-mail: REC-BOS-AppSubmission@uscg.mil	**USCG-REC Memphis** Address: 200 Jefferson Ave. Suite 1301 Memphis, TN 38103 Fax: (901)-544-3372 E-mail: REC-MEM-AppSubmission@uscg.mil	**USCG-REC Oakland** Address: Oakland Federal Building N. Tower 1301 Clay Street, RM 180 N. Oakland, CA 94612-5200 Fax: (510) 637-1126 E-mail: REC-OAK-AppSubmission@uscg.mil
USCG-REC Charleston Address: 196 Tradd St. Charleston, SC 29401 Fax: (843) 720-3259 E-mail: REC-CHA-AppSubmission@uscg.mil	**USCG-REC Miami** Address: Claude Pepper Federal Bldg. 51 S.W. 1st Ave. 6th Floor Miami, FL 33130-1608 Fax: (305)-536-4304 E-mail: mailto:REC-MIA-AppSubmission@uscg.mil	**USCG-REC St. Louis** Address: 1222 Spruce St. Room 7.105 St. Louis, MO 63103-2846 Fax: (314) 269-2733 E-mail: REC-SLM-AppSubmission@uscg.mil
USCG-REC Honolulu Address: 433 Ala Moana Blvd. Honolulu, HI 96813-4909 Fax: (808)-522-8277 E-mail: REC-HON-AppSubmission@uscg.mil	**USCG-REC New Orleans** Address: 4250 Hwy. 22 Suite F Mandeville, LA 70471 Fax: (985) 624-5757 E-mail: REC-NEW-AppSubmission@uscg.mil	**USCG-REC Toledo** Address: 420 Madison Ave. Suite 700 Toledo, OH 43604-1265 Fax: (419)-259-7558 E-mail: mailto:REC-TOL-AppSubmission@uscg.mil
USCG-REC Houston Address: 8876 Gulf Freeway, Suite 200 Houston, TX 77017-6595 Fax: (713)-948-3360 E-mail: REC-HOU-AppSubmission@uscg.mil	**USCG-REC New York** Address: Battery Park Building 1 South Street New York, NY 10004-1466 Fax: (212)-668-6394 E-mail: REC-NYC-AppSubmission@uscg.mil	

U.S. Department of Homeland Security
United States Coast Guard

Commanding Officer
United States Coast Guard
National Maritime Center

100 Forbes Drive
Martinsburg, WV 25404
Phone: (888) 427-5662
Fax: (304) 433-3409
E-mail: iasknmc@uscg.mil

December 23, 2011

Policy on Processing of Merchant Mariner Credentials for Mariners Not Requiring a Transportation Worker Identification Credential

The Coast Guard has released Policy Letter 11-15 which describes the process it intends to follow in implementing Section 809 of the Coast Guard Authorization Act of 2010 (Public Law 111-281), which modified the requirement that all mariners obtain a Transportation Worker Identification Credential (TWIC) in order to be issued a Merchant Mariner Credential (MMC). Although full implementation of Section 809 may require regulatory changes, this policy letter implements two policy mechanisms that will allow the Coast Guard to begin to implement the intent of the Act while working on the final regulatory solution:

- Enforcement.
- Credentialing Processes.

The Coast Guard has interpreted the act to exempt Merchant Mariners who are not serving on vessels required to have a Vessel Security Plan (VSP) from the requirement to hold a valid TWIC. However, in order for the Coast Guard to process a credential application, we must have received the applicant's biographical information from the Transportation Security Administration; must have completed the TWIC enrollment process at least one time. Additionally, in order for the Coast Guard to process a credential application for a mariner who is not in possession of a valid TWIC, the mariner must submit a statement indicating an understanding of the possible delays associated with processing the safety and suitability check and certifying that they do not require a TWIC in accordance with the Policy Letter. For specific information please see:

- Policy Letter 11-15 can be found at:
  - http://www.uscg.mil/nmc/marpers/pag/twic_809_policy_letter.pdf
  - Federal Register Link can be viewed by going to http://www.regulations.gov, inserting USCG-2011-0465 in the "Keyword" box, and then clicking "Search.".
- A Sample Statement of Certification and Understanding can be found at:
  - http://www.uscg.mil/nmc/twic/sample_b.pdf.

Should you require additional information or assistance, please contact the NMC by email at IASKNMC@uscg.mil or by phone at 1-888-IASKNMC.

Sincerely,

/A. S. Lloyd/

Anthony S. Lloyd
Captain, U. S. Coast Guard
Commanding Officer

Mariner Fees

Below is a list of fees for the various Mariner credentials issued by the United States Coast Guard. Each submitted application is subject to an evaluation, examination, and issuance fee. All fees required may be paid at the time the application is submitted or at the following times:

- Evaluation fee when the application is submitted
- Examination fee before the first examination section is taken
- Issuance fee before receipt of the MMC.

Fee payment(s) must be made in the exact amount and may be paid by check or credit card. Checks should be written out to the U. S. Coast Guard. The preferred method for submitting payment is by visiting Pay.Gov. Once on Pay.Gov, select **Agency List**, click **U**, select **United States Coast Guard**, select **USCG Merchant Mariner User Fee Payment**, and follow the directions. If Pay.Gov is used, please ensure that you include a copy of your receipt in your application packet.

If you apply for	**And you need . . .**		
	Evaluation then the fee is . . .	**Examination then the fee is . . .**	**Issuance then the fee is . . .**
MMC with officer endorsement:			
Original:			
Upper level	$100	$110	$45
Lower level	100	95	45
Renewal	50	45	45
Raise of grade	100	45	45
Modification or removal of limitation or scope	50	45	45
Radio officer endorsement:			
Original	50	45	45
Renewal	50	n/a	45
Staff officer endorsements:			
Original	90	n/a	45
Renewal	50	n/a	45
MMC with rating endorsement:			
Original endorsement for ratings other than qualified ratings	95	n/a	45
Original endorsement for qualified rating	95	140	45
Upgrade or Raise of Grade	95	140	45
Renewal endorsement for ratings other than qualified ratings	50	n/a	45
Renewal endorsement for qualified rating	50	45	45
STCW certification:			
Original	No fee	No fee	No fee
Renewal	No fee	No fee	No fee
Reissue, replacement, and duplicate	n/a	n/a	[1]$45

1 – Duplicate for MMC lost as a result of marine casualty: No fee

PAY.GOV INSTRUCTIONS

Please use the following instructions to submit payment for your credential via Pay.Gov. When submitting your application, please ensure that you include a copy of your receipt.

- Go to www.pay.gov.
- Click **Agency List**, which is located under the section labeled "What Federal Agencies Can I Pay?"
- Select **U** and then click **United States Coast Guard**. Select **USCG Merchant Mariner User Fee Payment**. This will bring you to a list of definitions that can be reviewed if needed.
- Select **Continue** and enter all required information, and select what evaluation fee you will be paying. Please see "Mariner Fees", enclosed within this packet, for guidance on which fee to select. **Please note: The evaluation fee must be paid prior to submitting an application.**
- Click **Continue**. And choose the examination fee that is applicable. **Please note: Not all applications require an examination fee. If a fee is applicable, it can be paid at the same time as your evaluation fee, or you can choose to pay it prior to going to the Regional Exam Center to test.**
- Place a checkmark beside the $45 Issuance Fee. **Please note: The issuance fee can be paid at the same time as your evaluation fee, or you can choose to pay it at a later date. Your completed credential cannot be mailed until this fee is paid.**
- Select **Continue**. This will take you to the summary page. Click **Continue** to proceed to the user-fee payment form. You can use your credit card or bank account in order to submit payment. Choose your method of payment and select **Continue**. Fill in required account information and select **Continue**.
- Once you click **Continue** you will be provided with a payment receipt. Print a copy for your records and print another one for your application packet.

ONLINE APPLICATION STATUS INSTRUCTIONS

Once submitted and accepted at the Regional Exam Center, you can check the status of your application online.

Use the following instructions to check your application status.

- Go to www.uscg.mil/nmc.
- Select **Application Status**, located on the left side of the page.
- You can search using your Mariner Number and Application ID **OR** your last name, last 4 digits of your Social Security Number, and Date of Birth.
- Enter the requested information and select **Go**.
- The current status of your application will appear.

To view the current application processing time, visit www.uscg.mil/nmc. This information is located on our homepage. Please note this is the typical processing time for those applications that have no issues and are not delayed by an extensive security or medical review. If a more extensive review is needed or information is missing, the processing time will be longer.

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SAMPLE - CHARACTER REFERENCES AS REQUIRED BY U.S. COAST GUARD

APPLICANT'S NAME:

Per CFR 11.205 (c) Character check and references. (1) Each applicant for an original officer or STCW endorsement must submit written recommendations concerning the applicant's suitability for duty from a master and two other individuals holding officer endorsements or licenses on vessels on which the applicant has served.

First Reference:

I, the undersigned, Certify from personal knowledge that the above named applicant is a person of temperate habits and of good character and recommend him/her as a suitable person to be entrusted with the duties of the Station for which application is made.

Name:	Address:	Phone:	Signature:

E-mail:

Recommendation:

Second Reference:

I, the undersigned, Certify from personal knowledge that the above named applicant is a person of temperate habits and of good character and recommend him/her as a suitable person to be entrusted with the duties of the Station for which application is made.

Name:	Address:	Phone:	Signature:

E-mail:

Recommendation:

Third Reference:

I, the undersigned, Certify from personal knowledge that the above named applicant is a person of temperate habits and of good character and recommend him/her as a suitable person to be entrusted with the duties of the Station for which application is made.

Name:	Address:	Phone:	Signature:

E-mail:

Recommendation:

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DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD	**Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document**	OMB 1625-0040 Expires 06/30/2012
CG-719B (Rev 03/04)		Page 1

Section I - Personal Data

(For CG Use Only) Date Application Received

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

Parental or Guardian's Consent

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

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
☐ License	☐	☐	☐	☐	☐
☐ Merchant Mariner's Document (MMD)	☐	☐	☐	☐	☐
☐ STCW Certificate	☐	☐	☐	☐	☐
☐ Certificates of Registry	☐	☐	☐	☐	☐
☐ Certificate of Discharge Sea Service					

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

Applying for:

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

State Current or Previous License/Merchant Mariner's Document

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

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

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

Yes (X)	No (X)	**Indicate your answers to the following questions; sign and date at the bottom of this section.**
		Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) ***(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? ***(If yes, attach statement)***
		Have you ever been convicted of a traffic violation arisi ng 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 dri ver'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**

Section IV – Character References (For Original License Applicants Only)

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

Section V - Mariner's Consent

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

X **Signature of Applicant**	**Date**

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the M aritime 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 o n a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC -4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203 - 1804

X **Signature of Applicant**	**Date**

Section VI - Certification and Oath

Certification (Mandatory)

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

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

X Signature of Applicant agreeing to the above statement	Date

Oath (For originals only. Coast Guard official must witness applicant signature.)

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

X Signature of Applicant Date	Signature of Coast Guard Official Date

U.S. Coast Guard Use Only

Section VII – REC Application Approval

Signature of Approving Official	REC	(Application has been approved on this date) Date

Section VIII – REC Citizenship Verification & Credential Issuance

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

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

☐ Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date

Section IX – NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

Signature of Approving NMC Official: _____ Date: _____

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-IISUANCE OF THE REQUESTED DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."
"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719K Rev. (01-09)	**Merchant Mariner Credential Medical Evaluation Report**	OMB-1625-0040 Expires 6/30/2012

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

Who must submit this form?

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

Instructions for Applicants

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

Privacy Act Statement

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

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).

2. Principal purposes for which information is used:
   a. To determine if an applicant is physically capable of performing their duties.
   b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.

3. The routine uses which may be made of this information:
   a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
   b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
   c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.

4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

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

Applicant Name: _____ Date of Birth: _____

General Instructions for Medical Practitioner

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

Instructions for Providing Proof of Identity

- ► **Applicants** shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ► **Medical practitioners** must verify the identity of applicants before conducting examinations.
- ► Proof of identity shall consist of one current form of valid government issued photo identification.
- ► The following credentials are examples of acceptable proof of identity:

  Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____ Date of Birth: _____

Section I - Applicant Information

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

Applicant Certification *(to be signed by applicant)*

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

Date:	Printed Name:
	Signature:

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

Section II – Release

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

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

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

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

Applicant:

Name *(Printed):*	Signature:	Date:

Applicant Name: _____ Date of Birth: _____

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

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

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

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

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

If none, check "NONE."

☐ NONE

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

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

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

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

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

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

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

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

Applicant Name: _____ Date of Birth: _____

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

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

Condition #	Comment

Applicant Name: _____ Date of Birth: _____

Section V (a) – Visual Acuity

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

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a **100**-degree horizontal field of vision.	☐ Normal
Left: 20 /	Left: 20 /		☐ Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- ☐ AOC (1965) – (6 or fewer errors on plates 1-15)
- ☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
- ☐ Richmond (1983) – (6 or fewer errors)
- ☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)
- ☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
- ☐ Farnsworth Lantern (colored lights) Test per instruction booklet.
- ☐ Optec 900 (colored lights) Test per instruction booklet.
- ☐ An alternative test approved by the Coast Guard (indicate test) _____

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

Color Vision: Normal Color Vision ☐ Abnormal Color Vision ☐

Number of Errors _____

Section VI – Hearing

Normal	Abnormal Hearing	Hearing Aid Required
☐	☐	☐

If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

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

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 20dB in each ear.

Additional information must be reported in Section VII.

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

Applicant Name: _____ Date of Birth: _____

Section VII (a) - Physical Information

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

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

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

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

Please make numbered comments on abnormal systems/organs:

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

- If the examining medical practitioner doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.

- All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).

Applicant Name: _____ Date of Birth: _____

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

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

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

Applicant Name: _____ Date of Birth: _____

Section IX – Verifying Medical Practitioner Recommendation

☐ Recommended Competent	☐ Not Recommended Competent *(explain in comments)*	☐ Needing Further Review *(explain in comments)*
Comments on Recommendation:		

Verifying Medical Practitioner:

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

Name *(Printed)*:	Signature: Date:
License Number: Office Telephone:	Office Address, City, State, Zip Code:

Applicant Name:_____ Date of Birth: _____

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U.S. Department of Homeland Security
United States Coast Guard

MARINER CREDENTIALING PROGRAM

DRUG TEST REQUIREMENTS FOR A MERCHANT MARINER CREDENTIAL (MMC)

FINDING A TEST SITE:

1. Search for a Provider by going to the Drug & Alcohol Testing Industry Association website at http://datia.org/directories/search-directory.html (link to this site).
2. Once here enter your ZIP code under **Location** and enter "50" under **Limit Distance To**. Under **Industry Accreditation Status** check "Accredited Collection Facility." Lastly, select "Start Search."
3. This will bring up a list of collection facilities within your area.

NOTE: This directory is not maintained by the federal government and is provided to mariners as a convenience for informational purposes only. Mariners are advised to contact the testing facility of their choice directly to ensure it meets their needs as well as all Coast Guard requirements. The Coast Guard does not recommend or endorse any particular provider.

   a. Questions to ask the facility in order to ensure that it will meet Coast Guard requirements
      i. Can perform DOT 5 Panel test that ONLY tests for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines.
      ii. Ensure the laboratory the specimen will be sent to is accredited by the Substance Abuse and Mental Health Administration (SAMHSA).
      iii. Will be signed by a Certified Medical Review Officer.

4. If you want, you can obtain the MRO's name from the facility and visit www.aamro.com or www.mrocc.com to ensure the MRO is certified.
   a. On the AAMRO website select "**Locate a Certified MRO**" and enter the MRO's last name and select "**Search**. If the doctor is a certified MRO, beside their name it will state, "In good standing."
   b. On the MROCC website select "**Locate a Certified MRO**" and enter the MRO's last name and select "**Search Directory**." If certified, the MRO's name will appear.
5. You can also obtain the name of the laboratory the sample will be sent to and verify the laboratory is SAMHSA certified by visiting the NMC website at www.uscg.mil/nmc, selecting "**Drug Testing**," and "**SAMSHA**." Choose one of the current lists of Certified Labs. If certified, the laboratory name and address will be on the list.
6. The business entity should be able to provide a one-stop service to include arranging for the collection of the specimen, laboratory analysis of the specimen at a SAMHSA accredited laboratory, and MRO services for review of the specimen results.
7. When arranging for the drug test services, ensure that you will be able to get the results (original or copy) back or that the business will send the results to your local Regional Exam Center for processing.

THINGS TO LOOK FOR:

1. The chain-of-custody form should have the words on the top line "**Federal Drug Testing Custody and Control Form**". If those words are not present on the form in the top space, it is not a DOT (Federal) drug test and will not be accepted.
2. Make sure that the name, address, phone number, and fax number of the MRO appears in Step 1 on the top portion of the Custody and Control Form.

AFTER TAKING THE TEST OR HAVING THE SPECIMEN COLLECTED:

1. You should be given **Copy 5 (Donor's copy)** to take with you. That is your copy and receipt that you have taken the drug test. **THIS DOES NOT HAVE THE TEST RESULTS ON IT.**
2. The test results should be available approximately 24 to 48 hours after the time that you had your

specimen collected.

3. These drug test results need to be submitted with your completed application package to your local Regional Exam Center.
4. Acceptable proof of a drug test result can be any one of the following:
    a. Copy 2 of the Federal Drug Testing Custody and Control Form signed by the MRO. Make sure that the test result can be seen clearly; **OR**
    b. Completion of the DOT/USCG PERIODIC DRUG TESTING FORM (CG-719P), included in this application packet. The MRO needs to complete this form; **OR**
    c. A letter from the drug testing facility that contains all required information and is signed by the MRO.
    d. Option II or III listed on page 2 of the DOT/USCG PERIODIC DRUG TESTING FORM (CG-719P)

FOR QUESTIONS, PLEASE CONTACT THE CUSTOMER SERVICE CENTER AT 1-888-427-5662

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719P (Rev 03/04)	**DOT/USCG Periodic Drug Testing Form**	Expires 06/30/2012 OMB 1625-0040 **Page 1**

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

Section I - Applicant Consent

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

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

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

Name	**Address**

Section III - Medical Review Officer

DATE SPECIMEN COLLECTED: _____

Specimen Analyzed For (DOT 5 Panel):

- **Marijuana metabolite**
- **Cocaine metabolites**
- **Opiates metabolites**
- **Phencyclidine**
- **Amphetamines**

The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)

NEGATIVE
POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)

(Please complete the next block for all non-negative results)

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

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION:

Name: _____

Address: _____
_____
_____
_____

Phone: _____

MEDICAL REVIEW OFFICER AUTHORITY:

Name: ***(Printed)*** _____

Signature:_____
(MRO signature stamp is authorized for negative results only)

Name of MRO Qualifying Organization:
_____

Registration Number Issed by Qualifying Organization:

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number." "The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

DOT/USCG Periodic Drug Testing Form

REQUIREMENTS	• A drug test is required for all transactions EXCEPT endorsements, duplicates, and STCW certificates. • Only a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phenycyclidine, and Amphetamines will be accepted.
OPTION I **PERIODIC TESTING PROGRAM**	• A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. • **COLLECTION** of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40.30. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at *www.uscg.mil/hq/g-m/moa/dapip.htm.* • The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.
OPTION II **RANDOM TESTING**	• An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs. **EXAMPLE (From Mariner 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 (Active Duty Military/Military Sealift Command/N.O.A.A/Army Corps of Engineers):** *APPLICANT'S NAME / SSN* has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.
OPTION III **PRE-EMPLOYMENT TESTING**	• An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. **EXAMPLE:** *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 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 INFORMAITON IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD 3. THE ROUTINE USESWHICH MAY BE MADE OF THE INFORMATION: A. TO MAINTAIN RECORDS REQUIRED BY 42 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).

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG - 719S (REV 03/04)	**Small Vessel Sea Service Form**	OMB 1625-0040 Expires 06/30/2012 PAGE 1

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

Name (Last, First, Middle)			Social Security Number
Vessel Name		Official Number or State Registration Number	
Vessel Gross Tons	Length	Width (if known)	Depth (if known)
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)		Served As: (Master/Mate/Operator/Deckhand/etc.)	

Name of body or bodies of water upon which vessel was underway (Geographic Locations)

Section II – Record of Underway Service

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

January (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____

July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (year / days)
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
_____/_____	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____

Total number of days served on this vessel:		Number of days served on Great Lakes:	
Average hours underway (per day)?		Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	
Average distance offshore:		Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	

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

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may o btain 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).

X **Signature of Applicant**	**Date**

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

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

X **Signature and title of person attesting to experience**	**Date**
Owner's, Operator's, or Master's Name (Last, First Middle):	Owner's, Operator's, or Master's address and phone number:

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 DOCUMENTS.

""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: Commanding Officer, U. S. Coast Guard National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

Merchant Mariner Oath
46 USC

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

_____	_____	_____
Name (Printed)	Signature	Date

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

Subscribed and affirmed before me in the county of _____,

State of _____, this _____ day of _____, _____.

Notary Seal

_____
(Notary's official signature)

_____
(Commission expiration date)

SAMPLE

Intentionally Left Blank

MERCHANT MARINER CREDENTIAL APPLICATION
THIRD PARTY AUTHORIZATION

I _____ (print full name), authorize the U.S. Coast Guard National Maritime Center (NMC) to disclose information and/or records regarding my **current credential application** to/with the Third Party authorized, to include only those boxes checked below.

Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party.

☐ Act on my behalf in **ALL MATTERS** pertaining to the processing of my current U.S. Coast Guard credential application.

Or, Matters Specifically Pertaining to

☐ Professional qualifications, certification records, or sea service time.

☐ Any medical information related to the processing of my current application for a Merchant Mariner Credential.

☐ Safety and Suitability.

☐ Official correspondence and/or previous Merchant Mariner Credentials.

☐ Mail my credential to the third party listed below.

Third Party Information:

Authorized Person's Name: (Last, First MI)	**Organization: (if applicable)**
Authorized Person's Mailing Address:	**Authorized Person's Phone Number:**
	Authorized Person's Email Address (optional):

This authorization expires upon final agency action regarding my current application for a Merchant Mariner Credential.

Mariner's Signature: _____ Date: _____
(MM/DD/YYYY)

Mariner's Reference Number or Last 4 of Social Security Number: _____

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

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

SAMPLE