

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

Section I - Personal Data	(For CG Use Only) Date Application Received
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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*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 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

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

Section III - Narcotics, DWI/DUI, and Conviction Record Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, 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.) <i>(If yes, attach statement)</i>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <i>(If yes, attach statement)</i>
		Have you ever been convicted by any court - including military court - for an offense other than a minor traffic violation? <i>(If yes, attach statement)</i>
		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? <i>(If yes, attach statement)</i>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <i>(If yes, attach statement)</i>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <i>(If yes, attach statement)</i>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <i>(If yes, attach statement)</i>

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

X Signature of Applicant agreeing to the above statement	Date
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Section IV - Character References (For Original License Applicants Only)

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

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National 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 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. 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

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Section VI - Certification and Oath

Certification (Mandatory)

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

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

X Signature of Applicant 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: _____

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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 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: 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."

Instructions

If you are applying for:

1. **ORIGINAL LICENSE AND/OR QUALIFIED RATING DOCUMENT** (i.e., *First Rating* of Able Seaman, Qualified Member of the Engine Department, and Tankerman) – Submit this report, completed by your physician.
2. **RENEWAL OF LICENSE AND/OR QUALIFIED RATING DOCUMENT** – You may:
 - Submit this report, completed by your physician; or
 - Submit a certification by a physician in accordance with Title 46, CFR, 10.209(d) or 12.02-27(d).
3. **RAISE-IN-GRADE (LICENSES)** – You may:
 - Submit this report, completed by your physician; or
 - Submit a certification by a physician in accordance with Title 46, CFR, 10.207(e).

Instructions for Licensed Physician / Physician Assistant / Nurse Practitioner

The U. S. Coast Guard requires a physical examination / certification be completed to ensure that all holders of Licenses and Merchant Mariner Documents are physically fit and free of debilitating illness and injury. Physicians completing the examination should ensure that mariners:

- Are of sound health.
- Have no physical limitations that would hinder or prevent performance of duties.
- 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.

Below is a partial list of physical demands for performing the duties of a merchant mariner in most segments of the maritime industry:

- Working in cramped spaces on rolling vessels.
 - Maintaining balance on a moving deck.
 - Rapidly donning an exposure suit.
 - Stepping over doorsills of 24 inches in height.
 - Opening and closing watertight doors that may weigh up to 56 pounds.
 - Pulling heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
 - Climbing steep stairs or vertical ladders without assistance.
 - Participating in firefighting and lifesaving efforts, including wearing a self-contained breathing apparatus (SCBA), and lifting/controlling fully charged fire hoses.
1. Detailed guidelines on potentially disqualifying medical conditions are contained in Navigation and Vessel Inspection Circular (NVIC) 02-98. Physicians should be familiar with the guidelines contained within this document. NVIC 02-98 may be obtained from www.uscg.mil/hq/g-m/index or by calling the nearest USCG Regional Examination Center.
 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 judgment or reaction time are potentially disqualifying and will require a detailed evaluation.
 3. Engineer Officer, Radio Officer, Offshore Installation Manager, Barge Supervisor, Ballast Control Operator, QMED and Tankerman applicants need only have the ability to distinguish the colors **red**, **green**, **blue** and **yellow**. The physician should indicate in Section IV the method used to determine the applicant's ability to distinguish these colors.
 4. This applicant should present photo identification before the physical examination/certification.

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 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 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 mariner 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 U. S. 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 and/or merchant mariner's document.

“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 completing this form is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to the; Commanding Officer, U.S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management & Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

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 (if you have corrected vision, BOTH uncorrected & corrected MUST be shown)

UNCORRECTED	CORRECTABLE TO	FIELD OF VISION
Right 20 / _____ Left 20 / _____	Right 20 / _____ Left 20 / _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal The applicant must have 100 degrees horizontal field of vision

Section IV – Color Vision

PASS FAIL **Deck Officers/Ratings (masters, mates, pilots, operators, able-seaman) must be tested using one of the following tests. For all other licenses/ratings, see page 1, note 3.**

Pseudoisochromatic Plates <input type="checkbox"/> Divorine - 2nd Edition <input type="checkbox"/> AOC <input type="checkbox"/> AOC Revised Edition <input type="checkbox"/> AOC - HRR <input type="checkbox"/> Ishihara 16, 24, 38 Plate Edition	<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- School of Aviation Medicine <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 current medications, including dosage and possible side effects. State the condition(s) for which the medication(s) are 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: <ul style="list-style-type: none"> · Identify the condition · Any limitations · Is condition controlled · Date of diagnosis · Prognosis
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Yes	No		Remarks (Please Print)
		1. Circulatory System	
		a. Heart disease (Stress Test within the past year)	
		b. Hypertension (Recent BP reading)	
		c. Chronic renal failure	
		d. Cardiac surgery (Stress Test within the past year)	
		e. Blood disorder/vascular disease	
		2. Digestive System	
		a. Severe digestive disorder	
		3. Endocrine System	
		a. Thyroid dysfunction (TSH level within the past year)	
		b. Diabetes (State effects on vision & HgbA1c w/in 30 days)	
		4. Infectious	
		a. Communicable disease	
		b. Hepatitis A, B or C	
		c. HIV	
		d. Tuberculosis	
		5. Mental System	
		a. Psychiatric disorder	
		b. Depression	
		c. Attempted suicide	
		d. Alcohol abuse	
		e. Drug abuse	
		f. Loss of memory	
		6. Musculoskeletal System	
		a. Amputations	
		b. Impaired range of motion	
		c. Impaired balance/coordination	
		7. Nervous System	
		a. Epilepsy/seizure	
		b. Dizziness/unconsciousness	
		c. Paralysis	
		8. Respiratory System	
		a. Asthma (PFT results within the past year)	
		b. Lung disease (PFT results within the past year)	
		9. Other	
		a. Debilitating allergies	
		b. Other eye disease (Corrected/Uncorrected Visual acuity)	
		c. Glaucoma (Pressure test results within the past year)	
		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 physical demands that may be placed upon the applicant, I consider the applicant (please check one)	<input type="checkbox"/> Competent	<input type="checkbox"/> Not competent	<input type="checkbox"/> Needing further review
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Name of Physician/Physician Assistant/Nurse Practitioner	License Number	Telephone Number	Office Address, City, State, Zip
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Signature of Physician/Physician 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	Date
X Signature of <u>Applicant</u>	

THE FOLLOWING INSTRUCTION WILL ASSIST YOU IN MEETING THE DRUG TEST REQUIREMENTS FOR LICENSE AND/OR MERCHANT MARINER DOCUMENT ISSUANCE:

1. Look in the local phone book in the Yellow Pages
2. Go to the category “**DRUG TESTING DETECTION SERVICES OR DRUG DETECTION SERVICES**”.
3. In that category, look for a business entity that can assist in providing a **DOT (Department of Transportation)** drug test.
4. Contact that business and explain that you need a DOT drug test to complete your USCG license/MMD transaction.
5. 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 Medical Review Officer (MRO) services for review of the specimen results.

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 by the USCG Regional Examination Center (REC).
2. Make sure that the name of the MRO appears in Section 1 on the right hand side.

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. When arranging for the drug test services, ensure that you will be able to get the results back.
4. Drug test results need to be submitted with your complete application package to the REC that is handling your transaction.
5. 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) that was issued to you by the REC. The MRO needs to complete this form; or
 - c. A letter issued by the business entity that made the arrangements for you to take a drug test. The letter should contain the following:
 - i. Your name and Social Security Number
 - ii. The date that the specimen was collected

- iii. The name and address of the SAMHSA accredited laboratory that did the analysis of your specimen.
- iv. The MRO's name, address, and registration number showing that the MRO meets DOT requirements for performing MRO services for DOT regulated individuals.
- v. The final verified test results as reported by the MRO.

IF YOU HAVE ANY QUESTIONS REGARDING THE DRUG TESTING PROCESS, PLEASE CONTACT YOUR LOCAL USCG REGIONAL EXAMINATION CENTER.

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 served on this vessel:	<input style="width: 90%;" type="text"/>	Number of days served on Great Lakes:	<input style="width: 90%;" type="text"/>
Average hours underway (per day):	<input style="width: 90%;" type="text"/>	Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 90%;" type="text"/>
Average distance offshore:	<input style="width: 90%;" type="text"/>	Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 90%;" type="text"/>

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 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).

X 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, 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
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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

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