

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 Merchant Mariner Credential application** to/with the Third Party authorized, to include only those boxes checked below.

This authorization does not apply to the Merchant Mariner Medical Certificate.

Act on my behalf in **ALL MATTERS** and any after-issuance transactions pertaining to the processing of my current U.S. Coast Guard credential application. **I request that all documentation, including my credential, be mailed to a third party address.**

Or, Matters Specifically Pertaining to

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

Safety and Suitability.

Previous Merchant Mariner Credential applications.

Mail my credential to the third party listed below.

Third Party Information (* - Required. This information will be used to verify third party identification.)

* **Authorized Person's Name (Last, First MI):** **Organization (if applicable):**

* **Authorized Person's Mailing Address:** * **Authorized Person's Phone Number:**

Authorized Person's E-mail Address (optional):

This authorization expires either upon my written revocation of this authorization submitted via fax, e-mail, or regular mail, or expiration of the credential.

I understand that taking this action is entirely voluntary, and I am under no obligation to consent to the release of my information to any third party.

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 e-mail 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