



Pier 55 Maritime Center, 22532 Highway 55 East, Oriental, North Carolina 28571-8751  
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## APPLICATION, FORMS and INSTRUCTIONS for

Holders of Certificates of Completion from World Wide Marine Training, Inc.

### For questions about your application call 888-427-5662

**NOTE:** Regional Exam Centers (RECs listed below) **no longer review applications**. They receive application packages, check to see if they are complete, and forward applications to evaluators at the National Maritime Center. Do not ask REC staff about sea service, tonnage, or other “evaluation” questions. Call 888-427-5662.

#### **MAIL APPLICATION PACKAGES TO ONE OF THE FOLLOWING REGIONAL EXAM CENTERS:**

- AK-USCG REC**, 800 E. Dimond Boulevard; Suite 3-227, Anchorage, AK 99515
- AK-USCG REC**, 9105 Mendenhall Mall Road; Suite 170, Mendenhall Mall, Juneau, Alaska 99801
- CA-USCG REC**, 501 W. Ocean Boulevard; Suite 6200, Long Beach, CA 90802
- CA-USCG REC**, Oakland Federal Building; North Tower, 1301 Clay Street, Room 180N, Oakland, CA 94612
- FL-USCG REC**, Claude Pepper Federal Building, 51 S.W. 1st Avenue; 6th Floor, Miami, FL 33130-1608
- HI-USCG REC**, 433 Ala Moana Boulevard, Honolulu, HI 96813-4909
- LA-USCG REC**, 4250 Highway 22; Suite F, Mandeville, LA 70471
- MA-USCG REC**, 455 Commercial Street, Boston, MA 02109
- MD-USCG REC**, US Custom House Building, 40 South Gay Street; Room 420, Baltimore, MD 21202-4022
- MO-USCG REC**, 1222 Spruce Street; Room 7.105, Saint Louis, MO 63103-2846
- NY-USCG REC**, Battery Park Building, 1 South Street, New York, NY 10004-1466
- OH-USCG REC**, 420 Madison Avenue; Suite 700, Toledo, OH 43604-1265
- OR-USCG REC**, 911 NE 11th Avenue; Room # 637, Portland, OR 97232-4169
- SC-USCG REC**, 196 Tradd Street, Charleston, SC 29401-1899
- TN-USCG REC**, 200 Jefferson Avenue; Suite 1301, Memphis, TN 38103
- TX-USCG REC**, 8876 Gulf Freeway; Suite 200, Houston, Texas 77017
- WA-USCG REC**, 915 Second Avenue; Room 194, Seattle, WA 98174-1067

**NOTE:** The Coast Guard instructions have been reformatted to include only licenses, certifications and endorsements for which World Wide Marine Training, Inc. offers courses and testing.

# APPLICATION CHECKLIST

| Check When Complete | Forms and Documents   | OUPV (6-Pak)                                       | Upgrades to Master                                 | Able Seaman  | Tow/Sail/STCW Endorsements                           |
|---------------------|---|--|--|--|--|
|                     | Transportation Workers Identification Credential (TWIC) (page 2 of instructions)                                      | Submit a photocopy to REC for original and renewal | Submit a photocopy to REC for original and renewal | Submit a photocopy to REC for original and renewal | Submit a photocopy to REC for original and renewal   |
|                     | Application Form CG-719B (page 2 of instructions)   | Submit to REC for original and renewal             | Submit to REC for original and renewal             | Submit to REC for original and renewal             | Submit to REC for original and renewal               |
|                     | Oath for License (page 2 of instructions)   | Oath can be given by a Notary Public               | Not Required                                       | Oath can be given by a Notary Public               | Not Required   |
|                     | Fees for Review & Issuance (page 2 & 3 of instructions)   | \$100 for application<br>\$45 for issuance         | Varies with when & how you apply (call NMC)        | \$95 for application<br>\$45 for issuance          | Varies with when and how you apply (call NMC)        |
|                     | Three (3) Character References (page 3 of instructions)   | Submit with Original Application                   | Not Required                                       | Not Required                                       | Not Required   |
|                     | First Aid and CPR* (page 3 of instructions)   | Submit with original application                   | For original license only                          | Not Required                                       | Not Required   |
|                     | Physical Exam Form CG-719K (pages 3 & 4 of instructions)  | Submit with original application & renewals        | Submit with original application & renewals        | Submit with original application & renewals        | Not Required   |
|                     | Sea Service Form CG-719S (pages 4, 5 & 6 of instructions)   | Submit with original application & renewals        | Submit with original application & renewals        | Submit with original application & renewals        | Submit with original application for Tow & Sail only |
|                     | Drug Testing Form CG-719P (page 7 of instructions)  | Submit with original application & renewals        | Submit with original application & renewals        | Submit with original application & renewals        | Not Required   |
|                     | STCW-95 Assessments related to your credentials or rating (Master, Mate, AB, Engineer, etc.) (page 6 of instructions) | Not Required                                       | Not Required                                       | Not Required                                       | Submit with application for STCW-95 Certificate only |
|                     | Certificate(s) of Completion from World Wide Marine Training, Inc.  | Submit with Original application                   | Submit with Original application                   | Submit with Original application                   | Submit with Original application                     |

\* All original documents will be returned to you by mail after the USCG review process is complete.

**NOTES:**

1. Applications are delayed due to incomplete information. Please don't leave anything out.
2. The evaluation process takes +/- 4-6 weeks once a "complete" application is received.
3. Please do not rely on "hearsay" or "how it was done years ago." Follow these instructions.

**As of April 15, 2009 there have been some major changes in the application process. Please take note of these changes.**

1. Fingerprints are now taken during the TWIC application process (that is the only time you will need to be fingerprinted).
2. Oath may now be administered by any Notary Public (oath form attached).
3. The Passport photos are no longer required for any credentials. Photos are now taken during the TWIC application process (that is the only time you will need to be photographed).
4. Therefore, after receiving your TWIC card; you can mail your application packet to any of the seventeen RECs listed on the cover page. There is absolutely **NO** need to go to a REC in person.

**Transportation Workers Identification Credential Card (TWIC) – If applying for Able Seaman, OUPV, Master, STCW-95 Certificate or Endorsements.** **NO** mariner credentials will be issued without confirmation that an applicant holds a TWIC Card. To apply for your TWIC Card, go to the Transportation Security Administration's (TSA) website:

[http://www.tsa.gov/what\\_we\\_do/layers/twic/index.shtm](http://www.tsa.gov/what_we_do/layers/twic/index.shtm)

**APPLICATION – If applying for Able Seaman, OUPV, Master, STCW-95 Certificate or Endorsements**

Each mariner seeking a License or Merchant Mariner's Document, including endorsements and renewals must complete an application form (CG-719B). There are **NO EXCEPTIONS**. A license, certification or certificate cannot be issued until the application has been approved by the Coast Guard. It is the responsibility of the applicant to prepare the application form properly and to submit all required attachments when applicable. **You are not required to appear at a Regional Exam Center (REC) in person during the application process.** You can mail your **complete** application to the REC and wait until it is processed.

Please ensure that sections III (one signature) and V (one or two signatures) of the application form have been read and signed.

**CONVICTION RECORD** –In section III of the application form, the applicant must answer all questions related to DUI, drugs, etc. by marking each response. If the applicant should answer yes to any of these questions, a statement **must be** attached. The most important point here is to tell the truth on your application. A criminal record does not necessarily mean that you will be denied a license or certification. Each application will be evaluated on a case-by-case basis. The type, frequency and dates of past offenses are considered in whether you will be issued a license. However, failure to truthfully answer questions on the application will result in denial of the application and could lead to criminal prosecution for fraud.

**BLANK SPACES** – Don't leave spaces blank just because you think that they don't apply to you. Example - if you don't have a fax number, in Section I write "no fax" in that space. Example – if you have not had a license or Merchant mariner's Document previously, in Section II write "none" or "n/a" in that space. Don't leave anything out, such as your "next of kin" and their contact information. When you leave a blank, the person reviewing your application does not know whether you overlooked the blank or if it does not apply to you. There is no point in making them try to guess at anything. It will only slow your application down.

**OATH** for License or Merchant Mariner's Document – **If applying for Able Seaman, OUPV or Master.** Your signature and the oath for an original application **must** be witnessed by a licensed Notary Public. (see attached Merchant Mariner Oath Form).

**FEES for Able Seaman, OUPV and Master** The licensing and certification process for holders of certificates of completion from World Wide Marine Training, Inc. involves two fees (review and issuance). Checks should be made payable to the **U.S. COAST GUARD.** Temporary checks, money orders and travelers checks will not be accepted. You can also pay by credit card using the payment form (attached) or you can go online to

[www.pay.gov](http://www.pay.gov). **NO EXAM FEE** is due to the Coast Guard if you have taken the appropriate course with World Wide Marine Training, Inc.

Review of Able Seaman Application - \$ 95      Issuance of Able Seaman Certification - \$ 45  
Review of OUPV or Master's Application - \$100      Issuance of OUPV or Master's License - \$ 45

Note: For renewals and all other applications after the initial issue, call the Coast Guard for the fee schedule.

**FINGERPRINTS** – **AB, OUPV and Master**

Fingerprints are electronically scanned during the TWIC Card Application process. RECs no longer do fingerprinting. All **applicants** seeking a Merchant Mariners Credential are required to provide evidence that you hold a valid TWIC Card (photocopy of TWIC Card-this is the only time a photocopy is acceptable).

**CHARACTER REFERENCES** – **OUPV and Master Original License Only**

For original OUPV & Masters license, three **typed** letters of recommendation regarding the applicant's suitability for a USCG license must be submitted. Recommendations may be from three persons (with address and phone number) who have knowledge of the applicant's suitability for duty (ability, character, honesty, etc.). These letters **do not** have to be from licensed captains. Letters should be addressed to the same REC that you plan to send your application.

**FIRST AID & CPR CERTIFICATES** – **OUPV and Master Only**

All applicants for original **OUPV** and **MASTERS** licenses must present an original certificate indicating completion of a First Aid and CPR (cardiopulmonary resuscitation) within twelve months of application submission date:

**FIRST AID** - The American National Red Cross "Standard First Aid and Emergency Care," the "Multi-Media Standard First Aid" course (P.A.D.I.), a Coast Guard approved first aid training course, or a course the Coast Guard determines exceeds the standards of the Red Cross courses.

**CPR** - The American National Red Cross, the American Heart Association, the "Multi-Media Standard First Aid" course (P.A.D.I.), or a Coast Guard approved CPR training course.

**U.S.C.G. APPROVED COURSE** - Among the U.S. Coast Guard approved First Aid/CPR courses is the "Emergency First Response Course" (satisfies First Aid, CPR and AED requirements) offered by the Professional Association of Diving Instructors (P.A.D.I.):

**Captain Jim Holley, Certified First Aid and CPR Instructor** - Captain Jim Holley is a member of P.A.D.I. He offers the "Emergency First Response" course on Thursday evenings during our OUPV courses at each of our regularly scheduled North Carolina locations.

Contact Captain Jim Holley for scheduling of other First Aid and CPR classes only and further details at 252-249-7260 or [captjim@graystrokes.com](mailto:captjim@graystrokes.com)

## **PHYSICAL EXAMINATION FORM CG-719K – if applying for Able Seaman, OUPV or Master**

Each application for an original license must include an original physical examination report completed by a U.S. Licensed physician, physician's assistant or nurse practitioner within one year of the application. This report certifies that the applicant is in good health and has no physical impairment or medical condition that would render him or her incompetent to perform the ordinary duties required by the issued license.

Delays in approving applications are typically the result of incomplete physical examination reports. For example, section VI addresses medications. Physicians will often forget to include a statement regarding whether or not the applicant is experiencing side effects from prescribed medications. If side effects are experienced, they must be listed. If no side effects are experienced, a statement to that effect must be included.

Occasionally, an applicant may not meet the vision, hearing, or general physical condition required. This does not automatically cause an applicant to be denied a license. Upon **request of the examining physician** (your **doctor**), a waiver may be granted by the Commandant of the U.S. Coast Guard if extenuating circumstances warrant special consideration. Applicants should submit this request along with their physical form. Waivers can be obtained for certain (but not all) applicants with insulin dependent or poorly controlled diabetes, applicants on psychotropic medication, or applicants with any disease which may result in the gradual deterioration in the performance of their duties or compromise shipboard safety at sea.

**VISION** - Master or OUPV applicants must have corrected vision of at least 20/40 in each eye, with uncorrected vision no worse than 20/200 in each eye. Waivers may be granted where the applicant does not have a degenerative eye disease and the uncorrected vision is not worse than 20/400 in each eye, as long as correctable to 20/40 in each eye. A letter from an ophthalmologist is required stating there is no degenerative eye disease and that the vision is stable. The color sense test must be determined to be satisfactory when tested by any of the methods listed on form CG-719K.

**BLOOD PRESSURE** - Applicants for an original license may not have blood pressure higher than 150/90 regardless of age, treatment or medication.

## **SEA SERVICE – Able Seaman (from age 16 forward) – OUPV and Master (from age 15 forward)**

**DOCUMENTATION OF SEA SERVICE** - Vessel owners may attest to their own service on “Small Vessel Sea Service Forms” provided proof of ownership is attached. Proof of the applicant’s ownership may be shown by attaching a copy of the title, bill of sale, state registration or certificate of documentation to the sea-service form. In North Carolina, you may call 800-628-3773 for a transcript of vessels that you registered in NC. If someone other than the applicant owns the vessel, the owner, operator or master signature must be included at the bottom of the sea service form. If the applicant is not the owner, and the form is signed by the owner, operator or master, proof of ownership is not required.

Proof of service on vessels over 200 gross registered tons may come from employers in various formats. The evidence produced by the applicant must be original documents containing the amount and nature of their experience. At a minimum, the organization or employer’s letter or form **MUST INCLUDE** the following:

1. Name and documentation/official number of each vessel on which the service was obtained (search by vessel name for documentation number - <http://www.st.nmfs.gov/st1/CoastGuard/index.html>).
2. Vessels gross tonnage, shaft horsepower and type of propulsion.
3. Number of days underway on each vessel including the dates the service was obtained.
4. Number of days spent in each type of route (Ocean, Near Coastal, Inland, specific river or lake, etc.).
5. Minimum 4 hrs per day for OUPV and Master – Minimum 8 hours per day for Able Seaman.
6. Average number of hours worked per day.
7. A brief description of duties or work performed.

**REQUIRED NUMBER OF DAYS SEA SERVICE FOR OUPV AND MASTER** – For licenses up to 100 gross registered tons (GRT) a “day” is defined as a minimum of **4 hours** of watch standing or work day on motorized vessels, not including overtime (four hours to 24 hours count as **one** day). Personal watercraft (wave runner/jet ski) and sailboats without motors cannot be used for sea service

**MINIMUM SEA SERVICE REQUIREMENTS for OUPV and MASTER (minimum “4-hour” days)**

|                    | <u>NEAR COASTAL</u>           | <u>GREAT LAKES</u> | <u>INLAND</u> |
|--------------------|-------------------------------|--------------------|---------------|
| Master 25-100 GRT* | 720<br>(360 must be offshore) | 360                | 360           |
| OUPV (6-Pack)      | 360<br>(90 must be offshore)  | 360                | 360           |

\* The tonnage limitation will be calculated using one of two formulas: 1.) the limitation may be based on the maximum tonnage on which at least 25% of the required service was obtained by multiplying by 125%; or 2.) the limitation may be calculated by multiplying the tonnage on which at least 50% of the required service was obtained by multiplying by 150%. The greater of the two calculations will be applied. For example, an applicant for a license as Near Coastal 100 Ton Master must submit either 180 days service on vessels over 41 GRT or 360 days service on vessels over 34 GRT, to qualify for a license of not more than 100 GRT. An original license cannot be issued for over 100 GRT.

**REQUIRED NUMBER OF DAYS SEA SERVICE for ABLE SEAMAN** - This service is based on the number of days the applicant has worked at sea. A day is defined as **eight hours** of watch standing or work day, not to include overtime. On commercial vessels where a twelve hour work day is authorized and practiced, such as on a six-on, six-off watch schedule, each work day may be credited for one and one-half days of service. Required sea service is specified in months or years, which is then converted to days, i.e., one year consists of 360 days, one month is 30 days. Sea service may be documented on sea service forms (notary not required), original certificates of discharge, pilotage service and billing forms, or official documents from marine companies on original company letterhead signed by officials or licensed Masters.

**MINIMUM SEA SERVICE REQUIREMENTS FOR ABLE SEAMAN (represented in “8-hour” days)**

| SPECIAL | LIMITED | UNLIMITED |
|---------|---------|-----------|
| 360*    | 540**   | 1,080***  |

\* Sea service may be on power-driven vessels operating on oceans or the navigable waters of the United States, including the Great Lakes, provided that the work qualifies as “service on deck.” **“Service on deck”** is defined as "service in the deck department doing work usually performed onboard vessels by AB's and **may include** service on **fishing, fish processing, fish tender vessels** and on **public vessels** of the US." Sea service that is other than **“Service on Deck”** counts for one day for every four days of actual sea service (engineering, etc). Sport fishing, water skiing, sight seeing, etc. does not qualify.

\*\* Sea Service must be on vessels over 100 gross registered tons not exclusively confined to rivers and smaller inland lakes of the United States.

\*\*\* Sea service must be on vessels operating on oceans or Great Lakes

## **SEA SERVICE** - Continued

**NOTE:** 18 U.S. Code, Section 1001 provides that the intentional making of false or fraudulent statements or representations in any matter within the jurisdiction of any department or agency of the United States is a Federal crime punishable by a \$10,000.00 fine, or 5 years imprisonment or both. In signing forms or submitting knowingly fraudulent application information, an applicant acknowledges awareness of the meaning of the statute. Accordingly, in those cases where there is evidence of criminal liability, the case will be forwarded to the local U.S. Attorney for appropriate action or applications may be denied.

**SAIL ENDORSEMENT** - Required on Master's license in order to carry 7 or more passengers for hire under sail on an inspected vessel. Requires 360 days experience under sail. The OUPV license includes power and sail up to six passengers (no need for sail endorsement on the OUPV license).

**TOWING ENDORSEMENT** – Required on a Master's or OUPV license if you intend to provide towing services for a fee. This endorsement applies to any license up to the Master of 200 Gross Registered Tons. There is no additional sea service time required other than time required for the license.

**REGENCY** - This requirement does **not apply** to Able Seaman applications. It pertains to captain's licenses only. The applicant for any original license or raise of grade of a license must have at least 90 days qualifying service on vessels of appropriate tonnage or horsepower within the three years immediately preceding the date of application. At least 45 days of the 90 days must be on vessels of appropriate tonnage.

**MILITARY AND FOREIGN SEA SERVICE** - Experience and service acquired on military/foreign vessels is creditable for establishing eligibility for an original license, subject to evaluation by the Coast Guard to determine that it is a fair and reasonable equivalent to service acquired on merchant vessels of the United States, with respect to grade, tonnage, horsepower, waters, and operating conditions.

Military personnel who have been separated from active duty may obtain these records by completing a Request Pertaining to Military Records (Form SF-180) This form can be found at [www.uscg.mil/stcw/download-docs/SF-180\\_\(04-07\).pdf](http://www.uscg.mil/stcw/download-docs/SF-180_(04-07).pdf) . Military sea service for a captain's license is credited at a rate of 60% of the time assigned to a vessel provided the applicant was directly involved in the navigation of the vessel (helmsman, lookout and other bridge watches). 25% of sea service that does not involve navigation may be used toward an able seaman certification (60% x 25% = 15%). Service on submarines is normally creditable towards a deck license, however at least 25% of the required sea time must be on a surface vessel. Foreign sea service should include any necessary translation into English.

**USCG STCW-95 Certificate** – issued to holders of a license (captain, mate, engineer, etc.), to an Able Seaman and holders of certain other credentials. An STCW-95 certificate can be obtained by taking the 5-day STCW-95 Basic Safety Training course **and** completing the “assessments” related to your credentials. Assessments require a deck officer to sign off on your practical qualifications (for assessment forms, call the NMC at 888-427-5662). Ordinary Seamen use only the course certificate as proof of Basic Safety Training, as they do not have a credential for which there are assessments.

## **DRUG SCREENING RESULTS – Able Seaman, OUPV and Master (original licenses and renewals)**

The periodic chemical testing requirements of 46 CFR 16.220 became effective on December 21, 1990. All applications requiring a physical examination (including request for license upgrades or renewals, or MMD endorsements) must be accompanied by proof that the applicant has passed a chemical test for dangerous drugs. All tests, except those done for active duty military personnel, must be done by laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA), formerly NIDA. The applicant must provide satisfactory evidence that he/she has passed a chemical test for dangerous drugs within six months of the date the application is submitted. Under 46 CFR 16, “passes a chemical test for dangerous drugs” means the result of a chemical test conducted in accordance with 49 CFR part 40 is reported as "negative" by a Medical Review Officer (MRO) in accordance with that part. REC personnel will not attempt to evaluate laboratory reports to determine whether the test was done in accordance with proper regulations. The following are acceptable forms of evidence that the REC will accept:

**NOTE: ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED---NO FACSIMILES OR COPIES**

1. A completed drug test form CG-918-P **signed** by the **Medical Review Officer** (MRO) showing the applicant has passed a chemical test for dangerous drugs conducted in accordance with 49 CFR 40 within the previous six months (see instructions on form CG-719-P), or;
2. A letter on company stationary signed by a company official that administers the drug testing program stating that the applicant has passed a test for dangerous drugs as required by 46 CFR 16 within the previous six months with no subsequent positive drug tests during the remainder of the six month period. A copy of the drug test form must be attached to the letter; or a letter on company stationary signed by a company official that administers the drug testing program stating that the applicant has been subject to random drug testing as required by 46 CFR 16 for at least 60 days during the previous 185 days, has not failed any tests, and has not refused to participate in any required test. A copy of the drug test form from the last test conducted must be attached to the letter, or;
3. For active duty military members, a letter from the applicant's command, on command letterhead, stating that the applicant has been subject to random drug testing for the past six months and has not failed any chemical drug test. Random testing letters are **not acceptable** for reserve military members since they are only subject to testing during monthly drills. However, if you are a reserve or active duty member and have passed a required chemical test for dangerous drugs within the previous six months, then you may submit a letter from your command stating this.

**NOTE:** Be careful to check with a local physician or hospital to see if they are a collection site for a SAMHSA (Substance Abuse and Mental Health Services Administration) approved laboratory. Test results from Non-SAMSHA labs are **not acceptable**. Only a DOT 5 Panel (SAMSHA 5 Panel) Test for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.

## **DRUG TESTING FACILITIES IN NORTH CAROLINA**

Professional Nursing Services – 713 East Simmons Street, Goldsboro, NC - 919-735-0094  
Professional Nursing Services – 1425 South Glenburnie Road, New Bern, NC - 252-636-2388  
Professional Nursing Services – 212 North 35<sup>th</sup> Street, Morehead City, NC - 252-247-6911  
Professional Nursing Services – 1106 Gum Branch Road, Jacksonville, NC - 910-346-2311

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

|                                  |   |
|----------------------------------|---|
| <b>Section I - Personal Data</b> | (For CG Use Only) Date Application Received |
|----------------------------------|---|

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

**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<br>(X) | No<br>(X) | Indicate your answers to the following questions; sign and date at the bottom of this section.   |
|------------|-----------|--|
|            |           | Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) <b>(If yes, attach statement)</b>   |
|            |           | Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <b>(If yes, attach statement)</b>   |
|            |           | Have you ever been convicted by any court - including military court - for an offense other than a minor traffic violation? <b>(If yes, attach statement)</b>  |
|            |           | Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <b>(If yes, attach statement)</b> |
|            |           | Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <b>(If yes, attach statement)</b>  |
|            |           | Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <b>(If yes, attach statement)</b>  |
|            |           | Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <b>(If yes, attach statement)</b>   |

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

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

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

**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: \_\_\_\_\_

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

### 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](http://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 to 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<br>Systolic _____ / Diastolic _____ |                  | Pulse Resting<br>_____ <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 / _____<br>Left 20 / _____ | Right 20 / _____<br>Left 20 / _____ | <input type="checkbox"/> Normal<br><input type="checkbox"/> Abnormal<br>The applicant must have <b>100</b> 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.**

|   |   |
|---|---|
| <b>Pseudoisochromatic Plates</b><br><input type="checkbox"/> Divorine - 2nd Edition<br><input type="checkbox"/> AOC<br><input type="checkbox"/> AOC Revised Edition<br><input type="checkbox"/> AOC - HRR<br><input type="checkbox"/> Ishihara 16, 24, 38 Plate Edition | <input type="checkbox"/> Eldridge - Green Perception Lantern<br><input type="checkbox"/> Farnsworth Lantern (FALANT)<br><input type="checkbox"/> Keystone Orthoscope<br><input type="checkbox"/> Keystone Telebinocular<br><input type="checkbox"/> SAMCTT- School of Aviation Medicine<br><input type="checkbox"/> Titmus Optical Vision Test<br><input type="checkbox"/> Williams Lantern |
|---|---|

## 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

|  |  |
|--|--|
| <p><b>Does the applicant have or ever suffered from any of the following?<br/>                 If YES, PROVIDE TEST RESULTS, AS INDICATED.</b></p> | <p><b>If YES:</b></p> <ul style="list-style-type: none"> <li>· Identify the condition</li> <li>· Any limitations</li> <li>· Is condition controlled</li> <li>· Date of diagnosis</li> <li>· Prognosis</li> </ul> |
|--|--|

| Yes | No |  | Remarks (Please Print) |
|-----|----|--|------------------------|
|     |    | <b>1. Circulatory System</b>   |                        |
|     |    | a. Heart disease ( <b>Stress Test within the past year</b> )             |                        |
|     |    | b. Hypertension ( <b>Recent BP reading</b> )                             |                        |
|     |    | c. Chronic renal failure   |                        |
|     |    | d. Cardiac surgery ( <b>Stress Test within the past year</b> )           |                        |
|     |    | e. Blood disorder/vascular disease                                       |                        |
|     |    | <b>2. Digestive System</b>   |                        |
|     |    | a. Severe digestive disorder   |                        |
|     |    | <b>3. Endocrine System</b>   |                        |
|     |    | a. Thyroid dysfunction ( <b>TSH level within the past year</b> )         |                        |
|     |    | b. Diabetes ( <b>State effects on vision &amp; HgbA1c w/in 30 days</b> ) |                        |
|     |    | <b>4. Infectious</b>   |                        |
|     |    | a. Communicable disease  |                        |
|     |    | b. Hepatitis A, B or C   |                        |
|     |    | c. HIV   |                        |
|     |    | d. Tuberculosis  |                        |
|     |    | <b>5. Mental System</b>  |                        |
|     |    | a. Psychiatric disorder  |                        |
|     |    | b. Depression  |                        |
|     |    | c. Attempted suicide   |                        |
|     |    | d. Alcohol abuse   |                        |
|     |    | e. Drug abuse  |                        |
|     |    | f. Loss of memory  |                        |
|     |    | <b>6. Musculoskeletal System</b>   |                        |
|     |    | a. Amputations   |                        |
|     |    | b. Impaired range of motion  |                        |
|     |    | c. Impaired balance/coordination   |                        |
|     |    | <b>7. Nervous System</b>   |                        |
|     |    | a. Epilepsy/seizure  |                        |
|     |    | b. Dizziness/unconsciousness   |                        |
|     |    | c. Paralysis   |                        |
|     |    | <b>8. Respiratory System</b>   |                        |
|     |    | a. Asthma ( <b>PFT results within the past year</b> )                    |                        |
|     |    | b. Lung disease ( <b>PFT results within the past year</b> )              |                        |
|     |    | <b>9. Other</b>  |                        |
|     |    | a. Debilitating allergies  |                        |
|     |    | b. Other eye disease ( <b>Corrected/Uncorrected Visual acuity</b> )      |                        |
|     |    | c. Glaucoma ( <b>Pressure test results within the past year</b> )        |                        |
|     |    | d. Recent or repetitive surgery  |                        |
|     |    | e. Sleepwalking  |                        |
|     |    | f. Severe speech impediment  |                        |
|     |    | g. Other illness or disability not listed                                |                        |

Considering the findings in this examination, and noting the physical demands that may be placed upon the applicant, I consider the applicant **(please check one)**

**Competent**     
  **Not competent**     
  **Needing further review**

|   |                |                  |                                  |
|---|----------------|------------------|----------------------------------|
| Name of Physician/Physician Assistant/Nurse Practitioner      | License Number | Telephone Number | Office Address, City, State, Zip |
| Signature of Physician/Physician Assistant/Nurse Practitioner |                | Date             |                                  |

I certify that all information provided by me is complete and true to the best of my knowledge

**X** Signature of Applicant Date

**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 \_\_\_\_\_.

The specimen was identified as being **SUBSTITUTED** or containing the **ADULTERANT**: \_\_\_\_\_.

The test was **CANCELLED** because (insert reason): \_\_\_\_\_

I certify that I meet the 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 Issued by Qualifying Organization: \_\_\_\_\_

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|   |  |
|---|--|
| <p><b>REQUIREMENTS</b></p>                          | <ul style="list-style-type: none"> <li>● A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates.</li> <li>● ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.</li> </ul>  |
| <p><b>OPTION I<br/>PERIODIC TESTING PROGRAM</b></p> | <ul style="list-style-type: none"> <li>● 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.</li> <li>● <b>COLLECTION</b> 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 Title 49 CFR Part 40.31. It is <b>CRITICAL</b> that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at <a href="http://www.uscg.mil/hq/g-m/moa/dapip.htm">www.uscg.mil/hq/g-m/moa/dapip.htm</a>.</li> <li>● 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 to our 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.</li> </ul> |
| <p><b>OPTION II<br/>RANDOM TESTING</b></p>          | <ul style="list-style-type: none"> <li>● 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.<br/><b>EXAMPLE (From Marine Employers):</b> <i>APPLICANT'S NAME / SSN</i> 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.<br/><b>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./ Army Corps of Engineers):</b> <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.</li> </ul>  |
| <p><b>OPTION III<br/>PRE-EMPLOYMENT TESTING</b></p> | <ul style="list-style-type: none"> <li>● An ORIGINAL DATED letter on marine 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.<br/><b>EXAMPLE:</b> <i>APPLICANT'S NAME / SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</li> </ul>  |

**PRIVACY ACT STATEMENT**

IN ACCORDANCE WITH 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
  - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
  - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
  - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
  - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

## **DRUG TEST REQUIREMENTS FOR LICENSE AND/OR MERCHANT MARINER DOCUMENT ISSUANCE**

### **FINDING A TEST SITE:**

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.

**FOR QUESTIONS, PLEASE CONTACT YOUR LOCAL REGIONAL EXAMINATION CENTER**

**MLD-FM-REC-101(04)**

## 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<br>(year / days) | February<br>(year / days) | March<br>(year / days)     | April<br>(year / days)   | May<br>(year / days)      | June<br>(year / days)     |
|--------------------------|---------------------------|----------------------------|--------------------------|---------------------------|---------------------------|
| ____/____                | ____/____                 | ____/____                  | ____/____                | ____/____                 | ____/____                 |
| ____/____                | ____/____                 | ____/____                  | ____/____                | ____/____                 | ____/____                 |
| ____/____                | ____/____                 | ____/____                  | ____/____                | ____/____                 | ____/____                 |
| ____/____                | ____/____                 | ____/____                  | ____/____                | ____/____                 | ____/____                 |
| ____/____                | ____/____                 | ____/____                  | ____/____                | ____/____                 | ____/____                 |
| July<br>(year / days)    | August<br>(year / days)   | September<br>(year / days) | October<br>(year / days) | November<br>(year / days) | December<br>(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 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).

|                                 |      |
|---------------------------------|------|
| <b>X</b> 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 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).

|  |      |
|--|------|
| <b>X</b> 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 DOCUMENT(S).

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

The Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: 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."



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.**

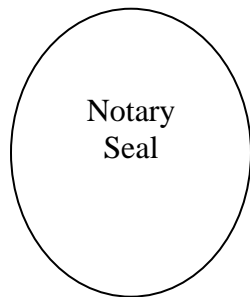
\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: Do not sign until in the presence of 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's official signature)

\_\_\_\_\_  
(Commission expiration date)