TRAINING RESOURCES MARITIME INSTITUTE

ORIGINAL CREDENTIAL CHECKLIST

"Captain's License – Master 100TN and Below" (as of Oct 2021)

This checklist is based off the US Coast Guard National Maritime Center (NMC) National Deck Officer Credential Checklists. It includes the list of documents and requirements that need to be completed and submitted.

NEED HELP SUBMITTING YOUR PAPERWORK?

TRLMI OFFERS CREDENTIAL & CONSULTING SERVICES: For more details on services and fees contact the school or visit our website at: www.TRLMI.com.

1___ **MERCHANT MARINER CREDENTIAL APPLICATION (FORM CG-719B):** The main purpose of the application is to notify the NMC of all the credentials and endorsements you are applying for. On page 3 of 5, in Section II, of the application, you must check the applicable boxes and list the credentials and endorsements you are applying for. **If you answered yes to any of the conviction questions you need to complete the USCG Conviction Statement Form (CG-719C).**

2___ **MERCHANT MARINER OATH FORM:** The oath may be administered by a licensed notary or a designated official at a USCG Regional Exam Center (REC). Fees may apply for notary services they may provide an additional form.

3___ **SEA TIME:** You can submit both recreational and commercial sea time. Sea time is documented on either the **SMALL VESSEL SEA SERVICE FORM (CG-719S) or MARITIME EMPLOYER letterhead**. If you are submitting sea time from your own boat, you *MUST* include proof of ownership. Time on other boats ***MUST BE SIGNED BY THE OWNER OR CAPTAIN.*** When submitting sea time for an original credential, you can only list **your position as an "operator or deckhand."** See sample sea time letter and Sea Time Requirements handout in the packet.

4___ **TRLMI TRAINING COURSE CERTIFICATE:** Complete TRLMI's USCG Approved course which meets the examination requirements. The course certificate is ***valid* for 1-year** from the date of completion.

5___ **Adult CPR/ 1st AID CERTIFICATE:** Complete an USCG approved course ***within* 1-year** of your application submission. Recommended approved courses are: American Red Cross www.redcross.org Adult & Pediatric 1st Aid/CPR/AED **Online+Classroom** only or www.emergencyuniversity.com USCG 1st Aid/CPR **ONLINE.**

6___ **CHEMICAL TESTING REPORT:** This is a **5 Panel DOT drug urinalysis** and must be administered by a **SAMHSA approved lab**. You can either submit the following statement on **MARITIME EMPLOYER or CONSORTIUM letterhead**, or have a test completed at a lab. Lab test results or a letter must be **dated *within* 6-months** of your application submission. See sample random drug testing letter or use the **Periodic Drug Testing (FORM CG-719P)** in the packet.

7___ **TWIC CARD or RECEIPT (Transportation Worker Identification Credential):** This is a specific background check for mariner's that is administered through a TSA/TWIC office. Other background checks and clearances are not transferable. Include either a copy of your TWIC card or the payment receipt with your submission.

8___ **US PASSPORT/CARD OR US BIRTH CERTIFICATE:** Enclose a copy of either, to show proof of US Citizenship.

9___ **USCG CREDENTIAL PROCESSING FEE RECEIPT: $145.00** for the Evaluation and Issuance. The preferred method of payment is to pre-pay online via www.pay.gov. Additional fees apply if you request the open book exam or additional services. Include a copy of the payment receipt/confirmation email. If submitting by mail include a copy of the receipt/email, or a check or money order, made payable to: The United States Coast Guard. Instruction on how to use www.pay.gov are included in the packet.

10___ **MEDICAL CERTIFICATE APPLICATION (FORM CG-719K):** This exam is recommended to be administered by an occupational health facility that is familiar with the USCG mariner medical form. Be sure that all sections of the 10-page form are completed. The medical form must be **completed and dated *within* 12-months** of your submission.

All USCG forms are available for download at: www.dco.uscg.mil/nmc/forms. If you are filling the forms out by hand use black ink and print legibly. **All forms requiring signatures must be signed by hand only.** Electronic signatures are not accepted. For further information contact the USCG/NMC directly at: 888-427-5662 – Eastern Standard Time

TRAINING RESOURCES MARITIME INSTITUTE

SEA SERVICE REQUIREMENTS

OUPV up to Master Near Coastal 100TN USCG Credentials

You must be able to document the required number of sea time days for the USCG, National Maritime Center (NMC), credential you are seeking. Below are SOME key points that apply:

- **You must you the USCG/NMC form CG-719S "Small Vessel Sea Service Form" to document your Sea time** or it can be documented on a maritime company letterhead
- A "day" of sea service is considered 4 hours or more underway (operating/watch standing) on a registered vessel of less than 100 Gross Tons (GT), OR 8 hours or more underway for vessels 100 GT and higher
- 90 DAYS OF THE TOTAL REQUIRED SEATIME MUST HAVE BEEN WITHIN THE LAST 3 YEARS from submission
- Sea time you submit may go back to when you were 16 yrs old.
- Sea time can be recreational, commercial, or military
- All sea service must be attested to by the vessel owner, licensed captain, or maritime employer
- YOU MUST BE A U.S. CITIZEN and at least 19 years old or 18 years old for an OUPV and Mate NC only
- **If you are NOT a U.S. Citizen**, you must be legal to work in the US to hold a credential. You can only apply for an OUPV with limited tonnage of 5 GT or less. You will not be able to upgrade until you are a US citizen.

Documenting at Least 360 Sea Service Days – you may qualify for:

Note: Depending on your sea service, and the specific Coast Guard approved course you take, you can apply for a **combination credential** of the following:

- **(OUPV) OPERATOR OF UNINSPECTED PASSENGER VESSELS:** Commonly called a 6-pack (Restricted to 6 passengers or less) Is for US domestic waters only and limited to vessels of less than 100GT. **You must be at least 18 years old to hold on OUPV only.** At least **90 days of the 360 days needs to be in Ocean or Near Coastal waters** for an OUPV Near Coastal or the endorsement will be limited to Inland waters only.

- **MATE, Near Coastal up to 200TN**: **180 days must be on Ocean or Near Coastal waters. Must met additional sea service requirements and exams. See USCG checklist for Mate 200TN Near Coastal. Auxiliary Sail Endorsement** requires 180 days be on sailing vessels

- **MASTER up to 100 GT, INLAND WATERS/GREAT LAKES:** License is limited to Inland waters only. **Master Great Lakes: requires 90 days of sea service on Great Lakes. OPTIONAL: Auxiliary Sail Endorsement** requires 180 days be on sailing vessels

MASTER INLAND TONNAGE CALCULATIONS:

100 GT – 90 days of service on vessels of 51 GT or above, **OR** 180 days of service on vessels of 34 GT or above
50 GT – 90 days of service on vessels of 26 GT or above **OR** 180 days of service on vessels of 17 GT or above
25 GT – 360 days of service on vessels 1 GT or above

Documenting at least 720 Sea Service Days – you may qualify for:

Note: This credential includes the above credentials: Master Inland/GL, Mate & OUPV

- **MASTER Near Coastal up to 100 GT:**
  - **360 days of the 720 must be on Ocean or Near Coastal waters**
  - **OPTIONAL: Auxiliary Sail Endorsement** requires 360 days of 720 days be on sailing vessels

MASTER NEAR COASTAL TONNAGE CALCULATIONS:

100 GT – 180 days of service on vessels of 51 GT or above, **OR** 360 days of service on vessels of 34 GT or above
50 GT – 180 days of service on vessels of 26 GT or above **OR** 360 days of service on vessels of 17 GT or above
25 GT – 360 days of service on vessels of 1 GT or above

Credentialing Services

TRLMI Credential Services
Offers professional assistance in submitting your US Coast Guard Licensing Application

Training Resources Maritime Institute, TRLMI, offers one-on-one credential & consulting services. Our services are for both professional mariner's renewing or upgrading their credentials and new mariner's learning to navigate the credentialing process. We can provide guidance on requirements and review your documents to make sure your information is in compliance with the United States Coast Guard (USCG) National Maritime Center (NMC) applicable regulations and policies.

For more information speak with a Student Services member at: 619-263-1638, email: consulting@TRLMI.com or visit our website for a full list of Services & Fees: www.TRLMI.com Credentialing Tab.

- **Credential Service Includes: $250.00***

TRLMI Credential Services is designed to help with submitting USCG license application for:
Original, Renewal, Upgrade, and Reinstating Licenses, Submission of STCW Endorsements, Military Sea Service Evaluations, Requesting Approval to Test

- One-on-one assistance via phone, email or in-person appointment
- Advising on license requirements and future upgrades
- Assistance with completing application forms and Coast Guard fee payment
- Documents reviewed for compliance and work with mariner on revisions
- Application(s) submitted electronically to Coast Guard/REC on mariner's behalf
- Includes 3rd party representation with the Coast Guard/NMC
- Help with monitoring your application through the processing at the Coast Guard/NMC
- Includes follow-up with the Coast Guard/NMC if additional information is needed
- On-hand until license/endorsement(s) are issued and received

- *Additional Services: (Contact for Personalized Quote)*
  - *Extended Services/Consulting/Project Management $100 increments*
  - *Military Sea Service Vetting & Submission for Evaluation Applications $350 and up*
  - *Project Mgmt: Positive Drug Test, DUI or Active Case(s) within 1 yr $500-600 and up*

**Services fees are effective September 1, 2021 and are subject to change. Clients will be quoted if additional services and fees are needed. Fees and quotes are valid for 30 days. Client must provide all requirements within 3 months of booking service or additional fees my apply. Service fees do not include any USCG application related fees.*

For more details on Credential Services and fees speak with a Student Services staff member at: 619-263-1638, email at: consulting@trlmi.com, or visit our website at: www.TRLMI.com. Dec 2021

TRAINING RESOURCES MARITIME INSTITUTE

HOW TO SUBMIT YOUR USCG CREDENTIAL PACKET

NOTE: This list of credential application submission procedures is based off the US Coast Guard, National Maritime Center (NMC) instructions. All application packets must be submitted to a Regional Exam Center (REC). The REC will then forward your submission to the NMC for evaluation and issuance. Once your paperwork has been logged, you will receive emails with your Merchant Mariner Credential (MMC) reference number and application tracking number. These emails will give you updates on the status of your application. If you do not receive these email confirmations call the NMC directly at: 888-427-5662. Be sure to check the NMC website for all current submission procedures.

There are 17 Regional Exam Centers in the US, to select the REC nearest you visit: www.dco.uscg.mil/nmc/recs. REC location hours, address, email, and appointment scheduling is available on the website.

BY EMAIL:

- Scan all required forms and paperwork into **1 PDF FILE under 35MB**. Make sure all documents are readable and images are clear. Be sure to include with your packet a copy of your USCG evaluation and issuance fee receipt/email confirmation from www.pay.gov.
- For FIRST TIME APPLICANTS, Make both the PDF file name and the subject line of your email the same. EXAMPLE: "Last name, First name Middle name, MMC Original Credential Application". *Example: "Doe John Charles Original Credential Application."*
- For ALL OTHER APPLICANTS, include your MMC # and what you are submitting "Renewal, STCW..." *Example: "Doe John Charles MMC 0000000 Renewal and Add STCW Credential Application."*
- Email packet to your local REC. A list of REC emails is located on the NMC website listed above.
- For California email either to Long Beach: reclb@uscg.mil or Oakland: recoakland@uscg.mil

BY MAIL: ***The NMC prefers that all applications be submitted via email***

- **Mail ONLY COPIES** of your packet to your local REC. The REC/NMC does not want original documents and will not return them.
- Be sure to include with your packet a copy of your USCG evaluation and issuance fee receipt/email confirmation from www.pay.gov, or money order made out to United States Coast Guard. On the "Memo line" write your full name, and mariner reference # OR the last 4 digits of your social security number.

Addresses for the California REC's:

REC LONG BEACH
USCG Regional Examination Center
501 W. Ocean Blvd
Suite 6200
Long Beach, CA 90802

REC OAKLAND
USCG Regional Examination Center
Oakland Federal Bldg. North Tower
1301 Clay Street, Room 180N
Oakland, CA 94612-5200

IN PERSON: ***The NMC prefers that all applications be submitted via email***

- Not all REC's are open for in-person submissions, it is required to make an appointment online.
- Visit: www.dco.uscg.mil/nmc/recs for locations, hours, address, email and appointment scheduling.
- Have all forms and paperwork required by the NMC completed prior to appointment.
- The REC/NMC does not want original documents. Provide **COPIES ONLY**. Bring originals for reference.
- You must pre-pay the USCG evaluation and issuance fee online at www.pay.gov or bring a money order. Be sure to include with your packet a copy of your www.pay.gov receipt/email confirmation.

NEED HELP SUBMITTING YOUR PAPERWORK?

TRLMI OFFERS CREDENTIAL & CONSULTING SERVICES: For more details on services and fees contact the school or visit our website at: www.TRLMI.com – Resources Tab.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No. 1625-0040
Exp. Date: 03/31/2021

APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

------ Instructions ------

Who must submit this form?

1. Applicants seeking a Merchant Mariner Credential *(MMC)*, whether original, renewal, duplicate, raise of grade, or a new endorsement on a previously issued MMC and applicants requesting a Medical Certificate.
2. Application Assistance: Please call the National Maritime Center (NMC) at 1-888-IASKNMC (1-888-427-5662), or visit their website for more information. www.uscg.mil/nmc.

Section I: Applicant Information

I.1 **Legal Name** - Enter complete legal name. Include any aliases you have used and your maiden or prior name(s).

I.2a **Social Security Number** - If you are applying for an original credential, enter your SSN.

I.2b **Reference Number** - If you have been credentialed by the Coast Guard in the past, enter your reference number.

I.2c **Alien Registration Number** - If you are a legal alien, also enter your alien registration number *(ARN)*.

I.3 **Date of Birth** - If the applicant is under 18 years of age, a notarized statement from legal guardian is required. Attach a notarized statement, signed by a parent or legal guardian, authorizing the Coast Guard to issue a credential.

I.4 **Citizen** - If not a U.S. citizen, please indicate country of nationality.

I.5a-c **Place of Birth** - City, State, Country. If born outside the United States, leave State blank.

Section I: Applicant Address and Contact Information *(If NMC is unable to contact you, it could cause delays in processing your application.)*

I.6a **Home Address** - Principle place of residence. **PO Box is NOT acceptable.**

I.6b **Delivery/Mailing Address** - The address to which you want all correspondence and issued credentials sent. If blank, correspondence and credentials will be sent to the Home Address.

I.6c **Primary Phone Number** - Provide a primary phone number.

I.6d **Alternate Phone Number** - Provide an alternate phone number if available.

I.6e **E-mail Address** - The NMC may attempt to contact you via e-mail. If an e-mail address is provided, you will receive automated e-mail updates regarding the status of your application.

I.6f **Other** - Please provide additional means of communicating with you *(satellite phone, work phone, etc.)* if available.

Section I *(continued)*: Next of Kin/Emergency Contact: *(Check the box for preferred contact method)*

I.7a **Next of Kin/Emergency Contact** - Name & Mailing Address, City, State, Zip Code.

I.7b **Relationship** - Provide relationship status to next of kin listed on application. *(i.e. Mother, Father, Spouse)*

I.7c **Primary Phone Number** - Phone number to contact the person listed in the event of an emergency.

I.7d **Alternate Phone Number** - Provide a cellular phone number, if available.

I.7e **E-mail Address** - Provide an e-mail address for Next of Kin listed.

Section II: Requested Merchant Mariner Credential (MMC) and endorsements *(Including Certificate of Registry)*

General Application Requirements:

An applicant must establish that he or she satisfies all the requirements for the MMC and endorsement(s) sought before the MMC is issued. The Coast Guard may refuse to process an incomplete MMC application.

- A quick reference table for the requirements of an MMC and any endorsement is available online at: 46 CFR 10.239
- More information is available on the National Maritime Center (NMC) website: www.uscg.mil/nmc

MMC and Endorsement Application Descriptions:

All Mariners will receive a single Merchant Mariner Credential. Describe all desired capacities and limitations both national and STCW including tonnage, waters, propulsion mode, horsepower, ratings *(Ordinary Seaman, Able Seaman, QMED-Oiler, etc.)*, purser, doctor, radio operator, continuity, etc.

1. **Original MMC** - An applicant must apply for an original MMC if they have never held any Coast Guard issued credential or if the first credential issued to applicant after their previous credential was revoked pursuant to 46 CFR Part 10. Complete the application and ensure all mandatory documents are contained with application.
2. **Renewal MMC** - A credential may be renewed at any time during its validity and for one year after expiration; you must be qualified to renew all Domestic/STCW Officer and Rating endorsements to receive an MMC with a new five year expiration date. An MMC renewal-only transaction will automatically be issued with a date that coincides with the expiration date of your previous credential or a date that is 8-months from the time the Coast Guard accepted your application, whichever is sooner. Page 3, Section II of this form provides you the opportunity to decline this post-dating feature and your MMC will be valid immediately.

3. **U.S. Registered Pilot** - When only applying for an original or renewal, please scan and email the completed application along with supporting documentation to: **GreatLakesPilotage@uscg.mil,** or send via regular mail to:

Commandant (CG-WWM-2)
ATTN: Great Lakes Pilotage Division
U.S. Coast Guard: Stop 7509
2703 Martin Luther King Jr. Ave., SE
Washington, DC 20593-7509

4. **Duplicate MMC** - In the event of a lost credential, a statement describing the circumstances of the loss must be submitted with the application. The duplicate will have the same authority, wording and expiration date as the lost credential. If a person loses a credential by shipwreck or other casualty that causes damage to a ship, a duplicate will be issued free of charge as per 46 CFR 10.229. If a person loses a credential by other means and applies for a duplicate, the appropriate fee set out in 46 CFR 10.219 must be paid. No application from an alien for a duplicate credential will be accepted unless the alien complies with the requirements of 46 CFR 10.229.

5. **MMC Endorsement(s)** - This is a statement on a mariner's MMC that indicates that he or she is qualified to serve in that capacity. All endorsements including National officer and National rating endorsements as well as all STCW endorsements (International) are listed in 46 CFR 10.109.

   NOTE: *Requests for an endorsement(s) will not change the expiration date of a mariner's MMC unless the applicant also requests a renewal MMC and meets the renewal requirements of all endorsements on the MMC in accordance with 46 CFR 10.227.*

   (a) **Raise of Grade (ROG) Endorsement** - The requirements for a ROG are found in 46 CFR 10.231. This is an increase in the level of authority and responsibility associated with an existing officer or rating endorsement.

   (b) **Increase in Scope** - The requirements for an Increase in Scope are found in 46 CFR 10.223. This is a modification or a removal of limitations or scope to existing MMC endorsement(s).

6. **Document of Continuity** - This is a record of qualifications previously held and does not authorize the holder to sail in any capacity listed thereon. Documents of continuity do not expire, do not require medical or security evaluations, and do not require fees. STCW endorsements may not be placed in continuity. No credential expired beyond the 12-month administrative grace period described in 46 CFR 10.227(h) can be converted into a Document of Continuity.

7. **Entry Level Ratings** - There are no professional requirements needed when applying for entry level credential. Ratings may include Ordinary Seaman, Wiper, and/or Stewards Department / Stewards Department *(Food Handler - F.H.)*. Per 46 CFR Part 10, applicants requesting Stewards Department (F.H.) will be required to submit a statement from a physician attesting that the applicant is free from communicable disease.

Section III: Safety and Suitability

III. 1 **Transportation Worker Identification Credential (*TWIC*)**:

- A TWIC is required for applicants who need access to secure areas designated in a vessel's security plan and a facility's security plan by the Maritime Transportation Security Act.
- Unless specifically exempted, the Coast Guard must have evidence that you hold a valid TWIC or, for original applicants, that you have applied for a TWIC and are awaiting the results.

III. 2a-f **Criminal Record Review *(Convictions and Drug Use)*:**

In accordance with 46 CFR 10.211, the Coast Guard may review the criminal record of an applicant to determine meet safety and suitability of all applicants before any MMC and any endorsement is issued. At the time of application you must provide a written disclosure of all prior convictions NOT previously disclosed.

- **Original Applicants are required to list ALL convictions.**
- **Written Disclosures** - Applicants may use the optional form (CG-719C) to provide written disclosure of all convictions.
- **Conviction means** that the applicant for a merchant mariner credential has been found guilty, by judgment or plea by a court of record of the United States, the District of Columbia, any State, territory, or possession of the United States, a foreign country, or a military court, of a criminal felony or misdemeanor or of an offense described in section 205 of the National Driver Register Act of 1982, as amended (49 U.S.C. 30304). If an applicant pleads guilty or no contest, is granted deferred adjudication, or is required by the court to attend classes, make contributions of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court's conviction, then the Coast Guard will consider the applicant to have received a conviction. A later expungement of the conviction will not negate a conviction unless the Coast Guard is satisfied that the expungement is based upon a showing that the court's earlier conviction was in error.

III.3 **National Driver Registry *(NDR)***:

- No MMC will be issued as an original or reissued with a new expiration date, and no new officer endorsement will be issued if the applicant fails the criminal record review in accordance with 46 CFR 10.213.

Section IV: Applicant Consent and Certification

IV.1 **Mariner Outreach System:** This is an optional program used by the Maritime Administration in the event of a national emergency. Applicant will need to select whether Yes, they would like to participate, or No, they do not wish to participate in the Mariner Outreach System, by selecting either of the check boxes.

IV.2 **Continuity:** Credentials issued for continuity purposes are not valid for use.

IV.3 **Consent**: Applicants under the age of 18 must attach a notarized statement of parental/guardian consent.

IV.4 **Certification**: Applicant certifies that the information provided is true and correct. Every person who applies for an original MMC must first take an oath. The applicant must sign and date the application stating they have taken the oath. Failure to sign will result in the application being returned. Per 46 CFR 10.225(c), an oath may by administered by any Coast Guard designated individual or any person legally permitted to administer oaths in the jurisdiction where the person taking the oath resides.

IV.5 **Signature and Date**: Failure to sign and date the application will result in the application being returned.

IV.6 **Third Party Authorization** (*optional*): If you want the NMC to be able to discuss, release, or receive information/documents regarding your credential application with a third party *(spouse, employer, school, union, etc.)* you must provide specific guidance to the NMC regarding what issues we may discuss and with whom. You may allow release of all information to certain individuals or entities. If you limit the release of certain information you must be specific by making a selection on the application or by attaching additional documentation. For each selection made, ensure the Name of the Organization or Third Party, Organization Point of Contact *(if applicable)*, Address and Phone Number is completed. If you wish to provide multiple Third Party Releases, attach additional pages as needed. A sample may be found on the NMC website: http://www.uscg.mil/nmc/.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
OMB No. 1625-0040
Exp. Date: 03/31/2021

APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

Section I: Applicant Information

1. Legal Name: Last | First Name | Middle Name | Suffix *(Jr., Sr., III)* | Alias(es) or Maiden Name(s) if applicable

2a. SSN *(for Original only)* | 2b. Reference Number *(if applicable)* | 2c. Alien Registration Number *(ARN) (if applicable)* | 3. Date of Birth (MM/DD/YYYY)

4. Citizenship | 5a. Place of Birth *(City)* | 5b. State | 5c.Country | 5d. Color of Eyes | 5e. Color of Hair

Applicant Address and Contact Information ***(Please indicate best method(s) of contact by checking the appropriate box(es)).***

6a. Home Address ***(PO Box NOT acceptable)*** ☐

Street Address

City | State | Zip Code

6b. Delivery/Mailing Address, if different ***(PO Box acceptable)*** ☐

Street Address

City | State | Zip Code

6c. Primary Phone Number ☐

6d. E-mail Address ☐

6e. Alternate Phone Number ☐

6f. Other ☐

Next of Kin/Emergency Contact ***(Please indicate best method(s) of contact by checking the appropriate box(es).)*** **(Optional)**

☐ 7a. Mailing Address, City, State, Zip Code
Same address as above

Name

Street Address

City | State | Zip Code

7b. Relationship *(Optional)* ☐

7c. Primary Phone Number *(Optional)* ☐

7d. Alternate Phone Number *(Optional)* ☐

7e. E-mail Address *(Optional)* ☐

Section II: Requested Coast Guard Credential(s)
Credential or Endorsement Type(s) Requested:

Endorsement Category	Transaction Type *(Check all that apply: See instructions for definitions and additional requirements for the transaction below)*					
	Original	Renewal	Duplicate	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity
Officer	☐	☐	☐	☐	☐	☐
Qualified Rating	☐	☐	☐	☐		☐
STCW	☐	☐	☐	☐		
Entry Level	☐	☐	☐			

Description of Endorsement(s) Desired: Include all appropriate information - Officer *(i.e. Deck - Master/Mate/Propulsion/Tonnage/Route/United States Registered Pilot OR Engineer Grade - 3rd AE; DDE/Propulsion/Horsepower)* Ratings *(i.e.: Able Seaman, Tankerman, QMED, Lifeboatman)* ***(Please Print)***

☐ FOR RENEWAL TRANSACTIONS ONLY: I request to waive the post-dating feature and to have my merchant mariner credential *(MMC)* issued immediately. I decline having its issuance coincide with the expiration date of my current credential.

APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

Section III: Safety and Suitability

☐ 1. **TWIC (Transportation Worker's Identification Credential)** EXEMPTION STATEMENT - I have previously applied for a TWIC with TSA and I am exempt from holding a valid TWIC under Coast Guard Policy Letter 11-15. I understand that a name based safety and suitability check could significantly delay the processing of my Merchant Mariner Credential Application.

2. **Criminal Record** ***(Convictions and Drug Use)***: If you answer Yes to ANY of the questions below you must disclose the information regarding the conviction. You may complete the optional form CG-719C for each question marked "Yes".

a) Have you ever been a user of/or addicted to a dangerous drug, including marijuana, within the last 10 years?	☐ Yes	☐ No
b) 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?	☐ Yes	☐ No
c) Have you ever been convicted by any court-including military court - for an offense other than a minor traffic violation?	☐ Yes	☐ No
d) Have you ever been convicted of a traffic infraction arising in a connection with a fatal traffic accident, reckless driving or racing on a highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance?	☐ Yes	☐ No
e) Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test?	☐ Yes	☐ No
f) Have you had a drug test with a result other than negative within the last 10-years?	☐ Yes	☐ No

☐ 3. **National Driver Registry** ***(NDR)*** *Consent (Mandatory for Original, Renewal, or new Officer Endorsement)*: 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. **NOTE: Not required for Document of Continuity applicants.**

I understand the USCG will make the information received from the NDR available to me for review and written comment prior to disapproving my application or taking any action against my Merchant Mariner's Credential. Authority: 46 U.S.C. 710(g), 46 U.S.C. 7302(c), and 46 U.S.C. 7505.

Section IV: Mariner's Consent/Certification

1. Mariner Outreach System ***(Optional)***: I consent to voluntary participation in the Mariner Outreach 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 either by subsequent application or by sending a signed notice of revocation to the U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404. For more information, please visit **https://mos.marad.dot.gov/**.

☐ Yes, I would like to participate ☐ No thanks, I do not wish to participate at this time

2. FOR CONTINUITY RENEWAL ONLY
I understand that a Document of Continuity is not valid for use in accordance with 46 CFR 10.227 and aware of the requirements to obtain an MMC. STCW endorsements may not be placed in continuity per 46 CFR 10.227.

☐ **3. CONSENT**: I am under 18 years of age and a notarized statement of parental/guardian consent is attached.

4. Certification

My signature below attests that:

- All information on this application is true and correct to the best of my knowledge.
- I understand an application determined to be fraudulent may result in the denial of my application for one year from the date of submission, even if the fraudulent information was not by itself cause for denial or prosecution.
- 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.

5. Applicant's Signature

Signature of Applicant
X _____ Date (MM/DD/YYYY) _____

Signature of individual authorized to administer the Oath. This is required only once for a mariner.
X _____ Date (MM/DD/YYYY) _____

Name of individual authorized to administer the Oath: _____

APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

Section IV: Mariner's Consent/Certification *(continued)*

6. Third Party Authorization *(Optional)*

- I understand that by checking boxes 6a - 6d in Section IV, I authorize release of information, MMC, or authority to act on my behalf to the third party indicated until issuance of a MMC or until Agency final action is made.

☐ 6a. Safety and Suitability

☐ 6b. Professional qualifications, certification records, training records, or Sea Service

☐ 6c. Merchant Mariner Credential Delivery

☐ 6d. Act on my behalf in all matters pertaining to the processing of my current USCG credential application *(All of the above)*

Name of Organization or Third Party

Organization Point of Contact *(if applicable)*

Street Address

City | State | Zip Code

Phone Number | Email Address

Signature of Applicant

X _____

Date (MM/DD/YYYY)

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301

Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 9 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office Of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

Merchant Mariner Oath
46 USC

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

_____	_____	_____
Name (Printed)	Signature	Date

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

Subscribed and affirmed before me in the county of _____,

State of _____, this _____day of _____, _____.

Notary Seal

_____
(Notary's official signature)

_____
(Commission expiration date)

SAMPLE WORDING FOR SEA SERVICE LETTER

(DECK - Table Format)

Letter format can be used if a mariner earned sea time from a maritime employer

THE LETTER MUST BE ON COMPANY LETTERHEAD

NOTE: This sample sea time letter is based off the US Coast Guard National Maritime Center sea time letter requirements. This format can ONLY be used for sea time earned from a maritime employer. All sea time earned on vessels 200TN and below can also be documents on the USCG Small Vessel Sea Service Form CG-719S. Please make sure your sea time letter includes all the requirements provided below.

(Maritime Company Letterhead Required)

Date:

Attn: USCG National Maritime Center

Re: USCG Credential Requirement, Sea Time Letter

Please be advised that (**MARINER'S LEGAL FIRST AND LAST NAME**, Social Security Number/or Merchant Mariner Credential Number), was a(n) (Choose One – for first time applicants use only **(DECK) Operator or Deckhand,** if mariner holds a credential use endorsement **Master, Mate, Able Seaman, Ordinary Seaman…**) of the below vessel(s) and has accumulated the following sea time between MM/DD/YYYY TO MM/DD/YYYY (If applicable, use "MM/DD/YYYY to present").

The total sea time on these vessels were _____days with an average of at least_____ hours underway per day **(MINIMUM of 4 – 8hrs)**. Of these days _____ were within the last 3 years **(A MINIMUM of 90 Days)**.

The area in which these vessels were underway was the _____ (**Example: Pacific Ocean off the coast of San Diego to Catalina Island)**. Of the total days, _____ days were on Inland waters and _____ days were on Near Coastal waters.

VESSEL NAME	VESSEL DOC #	POWER OR SAIL	HP GAS/DIESEL TWIN DIESEL	TONNAGE	INLAND DAYS	NEAR COASTAL	TOTAL DAYS

(If applicable) The mariner 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.

I am aware of the fact that whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious or fraudulent writing or document knowing the same to contain false, fictitious or fraudulent statement or entry, shall be fined not more than $10,000 or imprisoned not more than 5 years, or both. (18 USC 1001).I certify that this statement is true and correct to the best of my knowledge and is in accordance with the warning notice listed above (18 USC 1001).

Sincerely,

(HAND SIGNATURE ONLY - E-SIGNATURE NOT ACCEPTED)

Full name of person attesting to the sea time
Position
Phone
Email
Address

DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

OMB No. 1625-0040

Exp. Date: 03/31/2021

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)

For Service on Vessels of Less Than 200 Gross Register Tons Only

Section I: Applicant Information *(Note: Complete One Form Per Vessel)*

Name Last	First	Middle	Reference Number *(if applicable)*	Social Security Number

Vessel Name	Official number(s) listed on the registration, certificate, or document

Vessel Gross Tons	Length Feet	Inches	Width *(if known)* Feet	Inches	Depth *(if known)* Feet	Inches

Propulsion *(Motor/Steam/Gas Turbine/Sail/Aux Sail)*	Served As *(Master/Mate/Operator/Deckhand/Engine 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		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days

May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days

September		October		November		December	
Year	Days	Year	Days	Year	Days	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:	

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)

Section III: Signature and Verification - Applicant Read Before Signing!

- Owners of vessels may attest to their own experience and provide proof of ownership per 46 CFR 10.232.
- Those who do not own their own vessel must obtain letters or other evidence from licensed personnel or the owners of the vessels listed per 46 CFR 10.232.

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 credential 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).

Signature of Applicant

X _____

Date (MM/DD/YYYY)

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 credential 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).

Signature and Title of Person Attesting to Experience

X _____

Date (MM/DD/YYYY)

Owner's, Operator's, or Master's Name

Last | First | Middle

Owner's, Operator's, or Master's address and phone number

Street Address

Email Address *(Optional)* | City | State | Zip Code | Phone

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301

Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for 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: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No. 1625-0040
Exp. Date: 03/31/2021

DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

Who must submit this form?

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Testing Requirements" 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	Reference Number *(if applicable)*	Social Security Number

Signature of Applicant *(Required)*

X _____

Date (MM/DD/YYYY)

Section II: Name of SAMHSA Accredited Laboratory

Name	Street Address	City	State	Zip Code

SECTION III: Medical Review Officer

Date Specimen Collected (MM/DD/YYYY)

Specimen Analyzed For (Drugs identified by 49 CFR 40.85), including:

- Marijuana metabolite
- Cocaine metabolites
- Amphetamines
- Opiate metabolites
- Phencyclidine (PCP)

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

- ☐ NEGATIVE
- ☐ CANCELLED or
- ☐ Positive, and/or refusal to test because of adulteration or substitution.

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

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: *(To be reported to the nearest USCG Sector or Unit). (Please print)*

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT

The test was CANCELLED because *(insert reason)*

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION

Name Last	First	Middle

Street Address

City	State	Zip Code

Phone:

MEDICAL REVIEW OFFICER AUTHORITY

Name Last	First	Middle

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

Name of MRO Qualifying Organization

Registration Number Issued by Qualifying Organization:

DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

REQUIREMENTS	• A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates. • Only a chemical test meeting the requirements of 49 CFR Part 40 will be accepted.
OPTION I **PERIODIC TESTING PROGRAM**	• A DOT Chemical test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. • **COLLECTION** of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40 Subpart C. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid. • The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.
OPTION II **RANDOM TESTING**	**EXAMPLE (From Mariner Employers):** *APPLICANT'S NAME/SSN* has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. **EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):** *APPLICANT'S NAME/SSN* has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.
OPTION III **PRE-EMPLOYMENT TESTING**	• An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program. **EXAMPLE:** *APPLICANT'S NAME/SSN* passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301

Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

REQUIRED WORDING FOR DRUG TESTING PROGRAM LETTER

THE LETTER MUST BE ON MARITIME COMPANY LETTERHEAD

NOTE: This sample drug testing program letter is for applicant's participating in a US Coast Guard approved random drug testing program/consortium. The applicant is either applying or holds a current Merchant Mariner Credential. This letter is based off the US Coast Guard National Maritime Center (NMC) requirements. The applicant can choose to submit a letter from their employer or consortium or use the USCG Periodic Drug Testing Form CG-719P.

This statement can be included on an applicant's sea time letter from the same company.

IMPORTANT: As of January 2021, the REC/NMC has been rejecting letters that do not have the below statement written exactly and in the exact order.

Date:

To: USCG National Maritime Center

Subject: USCG Credential Requirement, Random Drug Testing Program

(APPLICANT'S LEGAL FULL NAME, Social Security Number) 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.

Sincerely,

(HAND SIGNATURE ONLY - E-SIGNATURE NOT ACCEPTED)

Name
Position
Telephone
Email
Address

TRAINING RESOURCES MARITIME INSTITUTE

TWIC: TRANSPORTATION WORKER'S IDENTIFICATION CREDENTIAL

How to Obtain a TWIC?

1. Complete the **online application** at: https://www.tsa.gov/for-industry/twic. Or, do an internet search for TSA TWIC to locate the website.

2. **Schedule an appointment** through the website at a local TSA/TWIC office. Offices are located all over the US and a complete list of locations is on the website.

3. **Appointment** at TSA/TWIC Office:

    - Bring your current U.S. passport or a driver's license and birth certificate
    - Have your fingerprints taken
    - Have your photo taken – *this photo will be used for your Merchant Mariner Credential*
    - **Pay a $125.25 non-refundable fee** with a credit card, money order, company check or certified/cashier's check. See website for current fees
    - Note: Appointments take priority, some locations will accept walk-in's
    - In San Diego, Idento Go Annex, Staples #9745, 1880 Camino De La Reina Park, SD, CA 92108

What is a TWIC?

Commonly known as a "TWIC Card." A TWIC, Transportation Worker's Identification Credential, is required by the US Coast Guard (USCG), National Maritime Center (NMC), for all mariner's applying for or holding a USCG/NMC Merchant Mariner Credentials.

The TWIC is a photo ID, tamper-resistant "Smart Card" containing the mariner's biometric (fingerprint template) to allow for a positive link between the card itself and the individual.

The USCG/NMC uses the US Department of Homeland Security (DHS), Transportation Security Administration (TSA), system to conduct this specific background investigation to determine a person's eligibility for a USCG/NMC Merchant Mariner Credential. Other background checks and clearances are not transferable to meet this requirement.

How Long is a TWIC Valid? A TWIC is valid for 5 years.

Is the TWIC Required to be Renewed?

Many mariners do not need to renew their TWIC after the first issuance. Be sure to verify if you meet the renewal requirements. **A TWIC needs to be renewed if** a mariner is required by their employer, insurance carrier, or will be accessing secure government facilities or vessels regulated by MTSA.

Need More Information?

Visit the TSA TWIC website at: https://www.tsa.gov/for-industry/twic or call (855) 347-8371 weekdays, 8am – 10pm Eastern Standard Time.

TRAINING RESOURCES MARITIME INSTITUTE

PAY.GOV INSTRUCTIONS

To apply for, renew, or upgrade a USCG Merchant Mariner Credential the USCG National Maritime Center, NMC, requires an evaluation and issuance fee. The NMC preferred method of payment is through the website: www.Pay.Gov. The instructions below will guide you through the process. When submitting your application packet, please ensure that you include a copy the www.pay.gov receipt/email confirmation. Be sure to check the NMC website for all current instructions and fees.

INSTRUCTIONS:

1. Go to http://www.pay.gov.
2. Go to the box: "Pay a Merchant Mariner User Fee"
3. Click on "Pay it Right Here"
4. Click on "Continue to the Form"
5. Complete the form:
    a. Enter in your personal contact information
    b. Select the Regional Exam Center (REC) where you will be sending your application (Example: Long Beach - CA)
    c. Select what you need to pay for:
        - "Credential Category" is either "Officer" or "Rating", Example: "Officer" is Master/Mate/OUPV – "Rating" is Able Seaman, QMED, OS, Wiper
        - "Type of Endorsement" – Select the applicable evaluation fee
        - "Examination/Testing Fees" If you will be testing at a REC select the applicable fee, if you took a course or testing fees don't apply select "Course in lieu of exam $0.00"
        - "Issuance Fee" is $45.00
6. Click "Continue"
7. Select payment method and then click on "Next"
8. Enter in your payment information and then click on "Review and Submit Payment"
9. The payment confirmation will be emailed to you
10. **Include a copy of the email in your application submission packet**

NEED HELP SUBMITTING YOUR PAPERWORK?

TRLMI OFFERS CREDENTIAL & CONSULTING SERVICES: For more details on services and fees contact the school or visit our website at: www.TRLMI.com – Resources Tab.

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No. 1625-0040
Exp. Date: 03/31/2021

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

------ Instructions ------

Who must submit this form?

1. Applicants seeking a Medical Certificate are required to complete this form and submit all 10 pages, including instructions, to the U.S. Coast Guard. Guidance for completion of this form can be found at https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf.
2. Mariners applying for or holding a merchant mariner credential **with only an entry-level endorsement** who serve on a vessel not subject to the International Convention on Standards of Training, Certification and Watchkeeping (STCW) but who request **a medical certificate that satisfies the Maritime Labor Convention (MLC), AND want to be qualified for lookout duties** should submit this form. Sections III (Medical Conditions), IV (Medications) and V (Physical Examination) of the CG 719K **DO NOT** have to be completed. The medical certificate will be restricted to entry-level only.
3. The Coast Guard will not accept an application for a medical certificate without a reference number or a Merchant Mariner Credential (MMC).

Who may conduct this exam?

1. All exams, tests and demonstrations must be performed, witnessed or reviewed by a physician, physician assistant, or nurse practitioner licensed by a state in the U.S., a U.S. possession, or a U.S. territory.
2. Medical examinations for U.S. Registered Pilots must be conducted by a licensed medical doctor.

Section I: Applicant Information - To be completed by the Applicant and reviewed by the Medical Practitioner (MP)

- **Legal Name** - Enter complete legal name.
- **Date of Birth** - If applicant is under 18 years of age, attach a notarized statement, signed by a parent or guardian, authorizing the Coast Guard to issue a Medical Certificate.
- **Mariner Reference Number or Social Security Number** - If you have held a Coast Guard credential in the past, enter your reference number.
- **Gender** - Enter your gender.
- **Home Address** - Principle place of residence. PO Box is not acceptable.
- **Delivery/Mailing Address** - The address to which you want all correspondence and issued certificates sent. If blank, correspondence and certificates will be sent to the Home Address.
- **Primary Phone Number** - Provide a primary phone number.
- **Alternate Phone Number** - Provide an alternate phone number *(optional)*.
- **E-mail Address** - (*Optional*) If provided, the National Maritime Center *(NMC)* may attempt to contact you via e-mail. You will receive automated updates regarding the status of your application.
- **Other** - Please provide additional means of communicating with you *(satellite phone, work phone, etc.) (optional)*.
- **Endorsement held or sought** - **Applicants should select all options that apply.** If nothing is selected, the Coast Guard will not accept the application.

Section II: Food Handler Certification - To be completed by the Medical Practitioner

Refer to instructions provided in this section. The **Medical Practitioner** should initial and date at the bottom of each page of the application, where indicated.

Section III: Medical Conditions - To be completed by the Applicant and the Medical Practitioner

III(a) **Applicants** must report their relevant medical conditions to the best of their knowledge. Applicants should check YES if: 1) they have had a previous diagnosis, or treatment for the condition by a health care provider; 2) they are currently under treatment or observation for the condition; or 3) the condition is present, regardless of treatment status.

III(b) The **Medical Practitioner** must review and discuss all conditions reported by the applicant in Section III(a). The **Medical Practitioner's** discussion should include, at a minimum, the name of the condition, approximate date of diagnosis, treatment, current status of the condition, limitations of the condition, and any additional information as appropriate. Recommended supporting documentation and testing for conditions that are subject to further review are contained in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf. Medical practitioners should be familiar with the guidelines contained within this document. If the **Medical Practitioner** discovers a condition not reported by the applicant, they must check **YES** in the appropriate block in III(a) and provide information on the condition, as requested, in Section III(b). For conditions that were **Previously Reported**, the Medical Practitioner need only discuss the interval history and current status of the condition. Additional sheets may be added by the applicant and/or the medical practitioner if needed to complete this section of the form. Include applicant's name and DOB on each additional sheet. The **Medical Practitioner** should **initial and date at the bottom of each page** of the application, where indicated.

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* _____ Date of Birth: *(MM/DD/YYYY)* _____

Section IV: Medications - To be completed by the Applicant and reviewed by the Medical Practitioner

Applicants - Refer to instructions provided in this section.

Medical Practitioner - Verification of medications includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required. The **Medical Practitioner** should **initial and date at the bottom of each page** of the application, where indicated.

Section V: Physical Examination - Items 1-17; To be performed and completed by the Medical Practitioner

The Medical Practitioner must document the results of the physical examination in this section. The **Medical Practitioner** should **initial and date at the bottom of each page** of the application, where indicated.

Section VI: (Vision) and VII: (Hearing) - To be completed by the Medical Practitioner or other staff to the satisfaction of the Medical Practitioner

The **Medical Practitioner** is not required to perform or witness the vision and hearing examinations. These may be performed by qualified office staff or referred to other qualified practitioners such as audiologists or optometrists; however, the results must be reviewed by the **Medical Practitioner**.

The **Medical Practitioner** should **initial and date at the bottom of each page** of the application, where indicated.

Additional guidance can be found at: **https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf.**

Section VIII: Demonstration of Physical Ability - To be completed by the Medical Practitioner

Refer to the table and instructions provided in this section. The **Medical Practitioner** should initial and date at the bottom of each page of the application, where indicated.

Section IX: Summary - To be completed by the Medical Practitioner

a. **Applicant Proof of Identity Provided** - Applicants shall present acceptable proof of identity to the **Medical Practitioner** conducting examinations. Proof of identity shall consist of one current form of valid government-issued photo identification. Examples of acceptable proof of identity include unexpired official identification issued by a Federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card, Merchant Mariner Credential, or Transportation Worker Identification Credential.

b. **Certification recommendation** - The **Medical Practitioner** must ensure a complete history and physical are conducted. The practitioner should address the listed questions and make a certification recommendation. The Coast Guard retains final authority for the issuance of the medical certificate.

c. **Assessment** - The **Medical Practitioner** should provide answer to statement 1 or 2, as appropriate for the credential sought. Option 2 is for mariner applicants who are only seeking an MLC-compliant, entry-level medical certificate.

d. **Discussion** - The **Medical Practitioner** should discuss any conditions or issues of concern.

e. **Medical Practitioner** (Attestation and Information) - Attests that the general medical examination, vision and hearing tests, and demonstration of physical ability, as appropriate, have been performed to the satisfaction of the **Medical Practitioner**. The **Medical Practitioner** must sign and date the attestation where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the **Medical Practitioner** is true and correct to the best of their knowledge and that the **Medical Practitioner** has not knowingly omitted or falsified any material information relevant to this form.

Section X: Applicant Certification - To be completed by the Applicant

Applicant certifies that the information provided is true and correct.

Section XI: Applicant Consent *(optional)* - To be completed by the Applicant

Third Party Authorization - If you want the NMC to be able to discuss, release, or receive information/documents regarding your medical certificate application with a third party *(spouse, employer, school, union, etc.)* you must provide specific guidance to the NMC regarding what issues we may discuss and with whom. You may allow release of all information to certain individuals or entities. If you limit the release of certain information you must be specific by making a selection on the application or by attaching additional documentation. For each selection made, ensure the Name of the Organization or Third Party, Organization Point of Contact *(if applicable)*, Address and Phone Number is completed. If you wish to provide multiple Third Party Authorizations, attach additional pages as needed. A sample may be found on the NMC website: **https://www.uscg.mil/nmc/credentials/forms/3rd_party_authorization_med_cert.pdf**. Please sign and date for each type of consent that you wish to authorize.

a. Consent for Medical Practitioner to Release Information to the Coast Guard

b. Consent for Coast Guard to Release Information to a Third Party

c. Consent for Third Party to Act on your Behalf

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* _____ Date of Birth: *(MM/DD/YYYY)* _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No. 1625-0040
Exp. Date: 03/31/2021

APPLICATION FOR MEDICAL CERTIFCATE (FORM CG-719K)

Section I: Applicant Information - To be completed by the Applicant and reviewed by the Medical Practitioner

Last Name | First Name | Middle Name | Suffix *(Jr., Sr., III)*

Mariner Reference Number or Social Security Number | Gender: ☐ Male ☐ Female ☐ _____ | Date of Birth (MM/DD/YYYY)

Please indicate best method(s) of contact by checking the appropriate box(es).

Home Address ***(PO Box NOT acceptable)*** ☐
Street Address

City | State | Zip Code

Primary Phone Number ☐

Alternate Phone Number ☐

Delivery/Mailing Address, if different ***(PO Box acceptable)*** ☐
Street Address

City | State | Zip Code

E-mail Address ☐

Other ☐

Endorsement Held or Sought *(Check all that apply or the Coast Guard will not accept the application)*:

☐ Deck ☐ Engine ☐ Food Handler ☐ STCW ☐ Entry-level with lookout duties

☐ U.S. Registered Pilot (Great Lakes Pilotage) ☐ First-Class Pilot or those Serving as Pilot (Federal Pilotage/46 CFR 15.812)

☐ **Other (Please explain):** _____

Section II: Food Handler Certification - To be completed by the Medical Practitioner

1. Food Handlers must obtain a statement from the **Medical Practitioner** that attests that they are free of communicable diseases that pose a direct threat to the health or safety of other individuals in the workplace. For applicants who have requested Food Handler Certification *(Food Handler box is checked in Section I, above)*, the **Medical Practitioner** may provide the attestation by answering Yes or No to the question in bold below.
2. **Communicable disease** is defined in 46 CFR 10.107 as any disease capable of being transmitted from one person to another directly, by contact with excreta or other discharges from the body; or indirectly, via substances or inanimate objects contaminated with excreta or other discharges from an infected person.
3. The **Medical Practitioner** need not perform any additional testing unless it is deemed clinically necessary. Applicants and currently employed food workers should report information about their health as it relates to diseases that are transmissible through food. Circumstances that the Medical Practitioner should consider when certifying an applicant include, but are not limited to, the following:
   a. Whether the applicant reports they have been diagnosed with, or exposed to an illness due to organisms including, but not limited to, Salmonella Typhi, Shigella Spp., Shiga-toxin-producing Escherichia coli, or Hepatitis A virus within the past month.
   b. Whether the applicant reports they have at least one symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or sore throat with fever.
   c. Whether the applicant reports they have a lesion containing pus, such as a boil or infected wound, which is open or draining and is on hands or wrists or on exposed portions of the arms.

Is the applicant free from communicable disease? ☐ Yes ☐ No ☐ N/A

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section III(a): Medical Conditions - To be completed by the Applicant and reviewed by the Medical Practitioner

I have a **medical waiver (MW):** ☐ Yes ☐ No If **YES**, provide a copy to the Medical Practitioner, and mark the **MW** box below.

To the best of your knowledge, have you ever had, required treatment for, or do you presently have any of the following conditions? If no, please mark the **NO** box below. If yes, please mark the **YES** box below, and if **previously reported (PR)**, mark the **PR** box below.

ITEM	YES	NO	PR	MW	CONDITIONS
1.					1. Blurry vision, poor night vision, eye disease or injury, eye surgery, abnormal color vision, cataracts or glaucoma
2.					2. Hearing loss, hearing aid, ear surgery, facial deformities, open tracheostomy or frequent severe nose bleeds
3.					3. High or low blood pressure
4.					4. Heart or vascular disease of any kind, to include angina, chest pain, irregular heart beat, heart valve problem/ replacement, heart attack/myocardial infarction, or congestive heart failure
5.					5. Heart surgery and/or implanted devices (for example, angioplasty, stent, pacemaker, or defibrillator)
6.					6. Lung disease of any type (for example, asthma, emphysema, or chronic obstructive pulmonary disease (COPD))
7.					7. Any blood disorder (for example, anemia, hemophilia, blood clots, or polycythemia)
8.					8. Diabetes, glucose intolerance, or sugar in urine
9.					9. Thyroid problem requiring treatment or hospitalization
10.					10. Stomach, liver or intestinal disorder requiring ongoing medical care/medication, or causing significant bleeding or debilitating pain; history of hepatitis or jaundice
11.					11. Kidney problems/stones or blood in urine
12.					12. Any other urinary or bladder problems not listed above requiring treatment or hospitalization
13.					13. Skin disorders requiring medical treatment, such as cancer, tumors, scleroderma or lupus
14.					14. Severe allergies or allergic reactions to any substance, medication, food, or insect stings
15.					15. Communicable disease or chronic infectious diseases such as tuberculosis, HIV/AIDS, or hepatitis
16.					16. Any sleep problems (for example, obstructive sleep apnea, restless leg syndrome, narcolepsy, shift work sleep disorder, or insomnia)
17.					17. Epilepsy, fits, or seizures
18.					18. History of serious head injury, loss of consciousness or memory loss
19.					19. Frequent or severe headaches
20.					20. Dizziness/fainting spells/balance problems
21.					21. Frequent motion sickness requiring medication
22.					22. Stroke or Transient Ischemic Attack (TIA), brain tumor or other brain disorder
23.					23. Any neurologic disorder or nerve problems including numbness and/or paralysis, not listed above
24.					24. Attention deficit disorder with or without hyperactivity
25.					25. Anxiety, depression, bipolar disorder, adjustment disorder, PTSD, or schizophrenia
26.					26. Suicide attempt or thought(s) of suicide (Suicidal Ideation)
27.					27. Evaluation, treatment, or hospitalization for alcohol or substance use, abuse, addiction, or dependence (including illegal drugs, prescription medications, or other substances)
28.					28. Any other psychiatric disorder, mental health evaluation/treatment/hospitalization
29.					29. Back, neck or joint problems that impair movement or cause debilitating pain
30.					30. Amputation, prosthesis, or use of ambulatory devices (for example, cane, walker, or braces)
31.					31. Injuries, fractures or recurrent dislocations causing impairment or limitation of motion of any joint
32.					32. Have you ever been signed off a vessel as sick or repatriated for medical reasons within the last six years?
33.					33. Any diseases, surgeries, cancers, illnesses, or disabilities not listed on this form?
34.					34. Any hospital admissions within the last six years not listed elsewhere in this Section?

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section III(b): Medical Conditions - To be completed by the Medical Practitioner

Instructions: For each item marked **YES** in Section III(a), the **Medical Practitioner** must provide the information requested IN THE BLOCKS below. For each condition marked **Previously Reported (PR)**, the provider need only discuss the interval history and current status of the condition.

For conditions with a **Medical Waiver (MW)** review the applicant's waiver letter and attach all waiver reporting requirements.

Please **attach appropriate evaluation data** for conditions that are subject to further review. Information on conditions that are subject to further review and the recommended evaluation data can be found in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials, located at **https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf**.

Indicate whether additional information has been attached by marking the **ATTACHED** box. **Additional sheets may be added,** if needed to complete this section *(include applicant name and date of birth on each additional sheet)*.

Item # | **Date of onset or diagnosis** (mm/dd/yyyy) | **Attached** ☐

Condition | **Treatment**

Status | **Limitations**

Item # | **Date of onset or diagnosis** (mm/dd/yyyy) | **Attached** ☐

Condition | **Treatment**

Status | **Limitations**

Item # | **Date of onset or diagnosis** (mm/dd/yyyy) | **Attached** ☐

Condition | **Treatment**

Status | **Limitations**

Item # | **Date of onset or diagnosis** (mm/dd/yyyy) | **Attached** ☐

Condition | **Treatment**

Status | **Limitations**

Item # | **Date of onset or diagnosis** (mm/dd/yyyy) | **Attached** ☐

Condition | **Treatment**

Status | **Limitations**

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section IV: Medications - To be completed by the Applicant and reviewed by the Medical Practitioner

Do you currently use any medication (prescription or nonprescription)? ☐ Yes ☐ No **If YES,** provide the information requested in the blocks below.

Applicants Must Report	Medical Practitioner
1. All medications (Prescription or Nonprescription), dietary supplements, and vitamins; that were filled, or refilled, and/or taken within 30 days prior to the date the applicant signs the CG-719K; **and** 2. All medications (Prescription or Nonprescription), dietary supplements, and vitamins that were used for a period of 30 or more days within the last 90 days prior to the date the applicant signs the CG-719K.	1. Medical Practitioner must verify applicants medications and information listed in the table below. 2. Medical Practitioner comments should include the approximate length of time the applicant has taken the medication and address the presence or absence of any side effects.

Additional guidance on medications, including those that may be considered disqualifying, can be found at https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf.

Additional sheets may be attached by the Applicant and/or Medical Practitioner if needed to complete this section. *(Include applicant name and date of birth on each additional sheet and check the box indicated on the right)* **ATTACHED** ☐

MEDICATION	DOSE	FREQUENCY	CONDITION	MEDICAL PRACTITIONER COMMENTS *(Duration of Use/Side Effects)*

REPORT OF MEDICAL EXAMINATION

Section V: Physical Examination - Items 1-17 must be performed and completed by the Medical Practitioner.

Height *(inches only):* | Weight *(lbs):* | Pulse Resting: | Blood Pressure: | Body Mass Index *(BMI):* *(For BMI > 40 refer to Section VIII)*

Please make comments in the space provided on any item indicated as an "abnormal" system/organ.

Item	Normal	Abnormal	Item	Normal	Abnormal	Item	Normal	Abnormal
1. Head, Face, Neck, Scalp	☐	☐	7. Upper/Lower Extremities	☐	☐	13. Skin	☐	☐
2. Eyes/Pupils/EOM	☐	☐	8. Spine/Musculoskeletal	☐	☐	14. Neurologic	☐	☐
3. Mouth and Throat	☐	☐	9. Vascular System	☐	☐	15. Mental Status	☐	☐
4. Ears/Drums	☐	☐	10. Abdomen	☐	☐		**No**	**Yes**
5. Lungs and Chest	☐	☐	11. General/Systemic	☐	☐	16. Hernia	☐	☐
6. Heart	☐	☐	12. Extremities/Digit	☐	☐			

Additional Medical Comments (Please Print)

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section VI: Vision - Must be performed by the **Medical Practitioner**, their medical staff or other qualified practitioner. Results must be reviewed by the **Medical Practitioner**. Additional guidance can be found at **https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf.**

a. Visual Acuity

Distance Vision, Uncorrected:		**If correction required, Distance Vision Correctable To:**	
Right: 20/		Right: 20/	
Left: 20/		Left: 20/	

Field of Vision

- ☐ Normal (the applicant's horizontal field of vision is greater than or equal to 100 degrees).
- ☐ Abnormal

b. Color Vision: The **Medical Practitioner** should assess the applicant's color vision sense using one of the following testing methodologies. The **Medical Practitioner** must indicate which test was utilized, and the **number of errors** obtained. In order to meet the standard, the applicant must demonstrate satisfactory color sense without the use of color enhancing lenses.

- ☐ AOC (1965) - (6 or fewer errors on plates 1-15)
- ☐ AOC-HRR (2nd Edition) - (No errors in test plates 7-11)
- ☐ HRR PIP (4th Edition) - (No errors in test plates 5-10)
- ☐ Richmond (2nd and 4th Edition) - (6 or fewer errors)
- ☐ Titmus Vision Tester/OPTEC 2000 - (No errors on 6 plates)
- ☐ OPTEC 900 (colored lights) Test per instruction booklet
- ☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors)
- ☐ Ishihara pseudoisochromatic plates test, 24 plate (6 or less errors)
- ☐ Ishihara pseudoisochromatic plates test, 38 plate (8 or less errors)
- ☐ Farnsworth Lantern (colored lights) Test per instruction booklet
- ☐ Dvorine (2nd Edition) pseudoisochromatic 15 plate test (6 or less errors)

Alternative Testing *(attach evaluation/test results)*:
- ☐ Farnsworth D-15 Hue Test (*Engineer/radio officer/tankerman/MODU only)*
- ☐ Formal ophthalmology/optometry color vision evaluation
- ☐ Other alternative test acceptable to the Coast Guard

Color Vision Testing Results:

☐ Passed ☐ Failed Number of Errors:

Section VII: Hearing - Must be performed by the **Medical Practitioner**, their medical staff or other qualified practitioner. Results must be reviewed by the **Medical Practitioner**.

An applicant with normal hearing by forced whispered voice ≥ 5 feet with or without hearing aids does not need to complete either the audiometer test or the functional speech discrimination test.

☐ Normal Hearing ☐ Abnormal Hearing ☐ Hearing Aid Required

(a) If hearing is abnormal, then perform either a functional speech discrimination test at 65dB or an audiogram documenting thresholds and averages as indicated below. Both aided and unaided values should be recorded for applicants requiring hearing aids.

(b) All applicants with an unaided threshold > 30dB in the better ear should have functional speech discrimination testing performed at 65dB.

*(c) Refer to Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at **https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf** for further guidance. Report any additional information or comments in Section IX.*

Audiometer
Threshold Value

	500Hz	1,000Hz	2,000Hz	3,000Hz	Average
Right Ear (Unaided)					
Left Ear (Unaided)					
Right Ear (Aided)					
Left Ear (Aided)					

Functional Speech Discrimination Test @ 65dB, if required by instruction (b) above

Right Ear (Unaided): ____ %

Left Ear (Unaided): ____ %

Right Ear (Aided): ____ %

Left Ear (Aided): ____ %

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section VIII: Demonstration of Physical Ability - To be completed by the Medical Practitioner

LISTS OF TASKS CONSIDERED NECESSARY FOR PERFORMING ORDINARY AND EMERGENCY RESPONSE SHIPBOARD FUNCTIONS

Shipboard Tasks, Function, Event, or Condition	***Related Physical Ability***	***The Examiner Should Be Satisfied That The Applicant:***
Routine movement on slippery, uneven, and unstable surfaces	Maintain balance *(equilibrium)*	Has no disturbance in sense of balance
Routine access between levels	Climb up and down vertical ladders and stairways	Is able, without assistance, to climb up and down vertical ladders and stairways
Routine movement between spaces and compartments	Step over high doorsills and coamings, and move through restricted accesses	Is able, without assistance, to step over a doorsill or coaming of 24 inches (600 millimeters) in height. Able to move through a restricted opening of 24 x 24 inches
Open and close watertight doors, hand cranking systems, open/close valve	Manipulate mechanical devices using manual and digital dexterity, and strength	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms); should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles; able to reach above shoulder height
Handle ship's stores	Lift, pull, push, carry a load	Is able, without assistance, to lift at least a 40 pound (18.1 kilograms) load off the ground, and to carry, push, or pull the same load
General vessel maintenance	Crouch *(lowering height by bending knees)*; kneel *(placing knees on ground)*; stoop *(lowering height by bending at the waist)*; use hand tools such as span-ners, valve wrenches, hammers, screwdrivers, pliers	Is able, without assistance, to grasp, lift, and manipulate various common shipboard tools
Emergency response procedures including escape from smoke-filled spaces	Crawl *(ability to move body using hands and knees)*; feel *(ability to handle or touch to examine or determine differences in texture and temperature)*	Is able, without assistance, to crouch, kneel, and crawl, and to distinguish differences in texture and temperature by feel
Stand a routine watch	Stand a routine watch	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods
React to visual alarms and instructions, emergency response procedures	Distinguish an object or shape at a certain distance	Fulfills the eyesight standards for the merchant mariner credential
React to audible alarms and instructions, emergency response procedures	Hear a specified decibel (dB) sound at a specified frequency	Fulfills the hearing standards for the merchant mariner credential
Make verbal reports or call attention to suspicious or emergency conditions	Describe immediate surroundings and activities, and pronounce words clearly	Is capable of normal conversation
Participate in fire fighting activities	Be able to carry and handle fire hoses and fire extinguishers	Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position
Abandon ship	Use survival equipment	Has the agility, strength, and range of motion to put on a personal flotation device and exposure suit without assistance from another individual

1. The **Medical Practitioner** should indicate whether the applicant can meet the guidelines listed in the table above. If the **Medical Practitioner** doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40 or higher, the **practitioner** should require that the applicant demonstrate the ability to meet the guidelines contained within this table. This does not mean, for example, that the applicant must actually don an exposure suit, pull an unchanged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to firefighting position. Rather, the Medical Practitioner may utilize alternative measures to satisfy themselves that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the **Medical Practitioner** should be reported in the **Comments** section provided below.
2. All practical demonstrations should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and any other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).
3. If the **Medical Practitioner** is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that not all medical practitioners will have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, check the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at **https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf**.
4. If the applicant is unable to perform all of the functions listed in the table above, the **Medical Practitioner** should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the **Comments** section provided below.

Physical Ability Results: ☐ Applicant has the physical strength, agility, and flexibility to perform all of the items listed in the physical ability table. ☐ Applicant does **NOT** have the physical strength, agility, and flexibility to perform all of the items listed in the physical ability table.

COMMENTS: *(Please Print)*

☐ **MEDICAL PRACTITIONER INITIALS:** _____ ☐ **DATE:** _____

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section IX: Summary - To be completed by the Medical Practitioner

a. Applicant proof of identity provided: ☐ Yes ☐ No | b. Certification recommendation: ☐ Recommended ☐ Not Recommended ☐ Needs Further Review

c. Assessment: 1. Preliminary screening indicates that the applicant is not at high risk of having a condition(s) that poses a significant risk of sudden incapacitation or debilitating complication, to include, uncontrolled obstructive sleep apnea, diabetes mellitus or coronary artery disease: ☐ Yes ☐ No ☐ Needs Further Review

OR,

2. *(Entry-level, only)* - To the best of my knowledge, mariner applicant is free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board. ☐ Yes ☐ No ☐ Needs Further Review

d. Discussion: Please discuss any conditions subject to further review identified in Section III(b) or any other concerns. Please print or type.

e. Medical Practitioner: My signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by me is true and correct to the best of my knowledge and that I have not knowingly omitted or falsified any material information relevant to this form. My signature also attests that I have fully evaluated all examination tests and results submitted in support of this application.

Last Name | First Name | M.I. | License Number | State

Signature | Date (MM/DD/YYYY) | Phone Number | MD ☐ DO ☐ PA ☐ NP ☐

Office Street Address

City | State | Zip Code

(Place office address stamp here)

Section X: Application Certification - To be completed by the Applicant

My signature below attests, subject to prosecution under 18 USC § 1001, that all information provided by me on this form is complete and true to the best of my knowledge, and I agree that it is to be considered part of the basis for issuance of any medical certificate to me. I have not knowingly omitted any material information relevant to this form. I have also read and understand the Privacy Notice that accompanies this form.

Signature of Applicant | Date (MM/DD/YYYY)

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301

Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this form is 18 minutes. You may submit any comments concerning the accuracy of this burden or any suggestions for reducing the burden to the Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509.

Print Applicant Name:*(Last, First, MI.)* | Date of Birth: *(MM/DD/YYYY)*

Section XI: *(Optional)* Applicant Consent - To be completed by the Applicant

Declined ☐

a. CONSENT FOR MEDICAL PRACTITIONER TO RELEASE INFORMATION TO THE COAST GUARD:

My signature below authorizes the Medical Practitioner, who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a merchant mariner medical certificate.

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

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

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

Signature of Applicant | Date (MM/DD/YYYY)

b. CONSENT FOR COAST GUARD TO RELEASE INFORMATION TO A THIRD PARTY:

My signature authorizes the Coast Guard to share my medical information with the third party indicated below. I understand that I may revoke this authorization at any time prior to its expiration date by notifying the Coast Guard in writing.

Please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party Authorization information may be attached separately.

Name of Organization or Third Party

Organization Point of Contact *(if applicable)* | Phone Number

Street Address

City | State | Zip Code

Signature of Applicant | Date (MM/DD/YYYY)

c. CONSENT FOR THIRD PARTY TO ACT ON MY BEHALF:

My signature authorizes the following third party **to act on my behalf** in all matters pertaining to the processing of my current application for a medical certificate. This means that the Coast Guard will share my medical information and correspond with the third party, and it means that the third party can request agency action on my behalf, and receive my medical certificate.

I understand that I may revoke this authorization at any time prior to its expiration date by notifying the Coast Guard in writing.

Please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party Authorization information may be attached separately.

Name of Organization or Third Party

Organization Point of Contact *(if applicable)* | Phone Number

Street Address

City | State | Zip Code

Signature of Applicant | Date (MM/DD/YYYY)