



8440 4th Street North, St. Petersburg, FL 33702. (727) 577-3992, Fax (727) 522-3155

APPLICATION PACKAGE FOR ADDING AUXILIARY SAIL ENDORSEMENTS TO LICENSES

Auxiliary Sail endorsements can be added to any inspected license with appropriate experience documented to the Coast Guard. Auxiliary Sail cannot be added to the OUPV license as this operating authority is already included in the license. In order to carry more than 6 passengers on an inspected Sail/Aux Sail vessel, the Auxiliary Sail endorsement is required.

The experience required is 50% of the time required for the license. For Master Inland, that equals 180 days, and for Master Near Coastal it is 360 days. Time already in a file will count towards this requirement.

If you have not yet applied for a license, add the request for "Auxiliary Sail" to your application form. No additional fee is due the Coast Guard for this.

If you have requested an evaluation for Auxiliary Sail and have an approval letter from the Coast Guard, less than one year old, submit the letter and the diploma described below to the Coast Guard with a \$45 processing fee for typing.

If you already have a license, but no approval, you will need to complete an application form and submit it to the Coast Guard with your diploma. Sea time can be added to your file at this time. There is an additional fee for this consisting of evaluation (\$50) and typing (\$45) for a total of \$95 payable to the U.S. Coast Guard for license endorsement.

Upon completion of your schooling and testing, we will send you a diploma. It is to be included with your application package to the Coast Guard. We recommend that you send your package to us for review. Upon completion of the review, we will file it with the Coast Guard for you. There is no charge for a review for adding this endorsement to an existing license.

All applications **MUST** be accompanied by a copy of your TWIC card, or a copy of the receipt showing that you have applied for it. If you have not done so yet, you may go to www.tsa.gov/twic for assistance.

Please call us at (800) 237-8663 if you have any questions on this procedure.

NATIONAL MARITIME CENTER DETACHMENTS
KNOWN AS REGIONAL EXAMINATION CENTERS (RECs)

(As listed on USCG web site 06/17/15)

ALASKA, Anchorage	U.S. Coast Guard, Marine Safety Office (REC), 222 W. 7 th Ave., Box 55, Room 156, Anchorage AK 99515
ALASKA, Juneau (907) 463-2458	U.S. Coast Guard, Marine Safety Office (REC), 9105 Mendenhall Mall Rd. Suite 170, Juneau AK 99801
CALIFORNIA, Oakland	U.S. Coast Guard, Marine Safety Office (REC), Federal Bldg, North Tower, 1301 Clay St. Rm. 180N, Oakland CA 94612-5200
CALIFORNIA, Long Beach	U.S. Coast Guard, Marine Safety Office (REC), 501 W. Ocean Blvd, Ste 6200, Long Beach CA 90802
FLORIDA, Miami (305) 536-6548	U.S. Coast Guard, Marine Safety Office (REC), 6th Floor, Federal Building, 51 SW First Ave., Miami FL 33130-1608
HAWAII, Honolulu (808) 522-8264	U.S. Coast Guard, Regional Exam Center (REC), Honolulu Harbor Pier 4 433 Ala Moana Blvd. Honolulu HI 96813
LOUISIANA, New Orleans (985) 624-5700	U.S. Coast Guard, Regional Exam Center (REC) 4250 Hwy 22, Suite F, Mandeville LA 70471
MARYLAND, Baltimore	U.S. Coast Guard, Marine Safety Office (REC), US Custom House, Rm 420, 40 S. Gay St., Baltimore MD 21202-4022
MASSACHUSETTS, Boston (617) 223-3040	U.S. Coast Guard, Marine Safety Office (REC), 455 Commercial St., Boston MA 02109-1045
MISSOURI, St. Louis (314) 539-3091	U.S. Coast Guard, Marine Safety Office (REC), Suite 7.105, 1222 Spruce St., St. Louis MO 63103-2846
NEW YORK, New York	U.S. Coast Guard Activities New York, (REC), Battery Park Bldg., 1 South St., New York NY 10004-1466
OHIO, Toledo	U.S. Coast Guard, Marine Safety Office (REC), 420 Madison Ave., Suite 700, Toledo OH 43604-1209
OREGON, Portland (503) 240-9346	U.S. Coast Guard, Marine Safety Office (REC), 911 NE 11 th Ave, Rm 637, Portland OR 97232
S. CAROLINA, Charleston (843) 720-3250	U.S. Coast Guard, Marine Safety Office (REC), 196 Tradd St., Charleston SC 29401-1899
TENNESSEE, Memphis (901) 544-3297	U.S. Coast Guard, Marine Safety Office (REC), 200 Jefferson Ave., Suite 1301, Memphis TN 38103-2300
TEXAS, Houston (713) 948-3350	U.S. Coast Guard, Marine Inspection Office (REC), 8876 Gulf Freeway, Suite 200, Houston TX 77017-6595
WASHINGTON, Seattle (206) 220-7327	U.S. Coast Guard, Marine Inspection Office (REC), 915 Second Ave., Rm. 194, Seattle WA 98174-1067

The Coast Guard has requested that all phone calls to the RECs be made through the National Maritime Center at (888) 427-5662.

APPLICATION FOR MERCHANT MARINER CREDENTIAL (MMC)

----- Instructions -----

Remove Instructions before submitting Application

Who must submit this form?

Applicants seeking a Merchant Mariner Credential (MMC), whether original, renewal, duplicate, raise of grade, or a new endorsement on a previously issued MMC.

Instruction: See Figure 1 (additional requirements) on the last page of these instructions for further guidance regarding information you may be required to submit with the application. Attach additional sheets if you cannot fit all information in a block.

Section I: Personal Data

- 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 applicant is under 18 years of age, 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: Mariner Contact Information (Please indicate best method(s) of contact by checking the appropriate box(es).) (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. 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.

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 Coast Guard Credential(s)

Transaction Type - Place a check in the box for each transaction type that applies.

Original - 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.

Renewal - 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 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 4, Section II of this form provides you the opportunity to decline this post-dating feature and receive your MMC immediately.

Duplicate - 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 Part 10. If a person loses a credential by other means and applies for a duplicate, the appropriate fee set out in 46 CFR Part 10 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.

Raise of Grade or New Endorsement - Is defined as an increase in the level of authority and responsibility associated with an officer or rating endorsement. You must first hold an MMC before an endorsement is issued for a Raise of Grade and/or Increase in Scope (e.g. *Raise of Grade of 3rd mate to 2nd mate will not change the expiration date unless specifically requested and renewal requirements are met for all other endorsements on MMC*).

Increase in Scope - Increase in scope may include a change in horsepower, propulsion or tonnage limitations, or geographic route restrictions. You must first hold an MMC before an endorsement is issued for a Raise of Grade and/or Increase in Scope. Endorsements maintain the same expiration date as the credential being endorsed.

Document of Continuity - Documents of continuity do not expire, do not require medical or security evaluations, and do not require fees. They are a record of competencies previously held and do not authorize the holder to sail in any capacity listed thereon.

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

NOTE: 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 attesting applicant is free from communicable disease

Section III: Safety and Suitability

III. 1 **TWIC Information:** Unless specifically exempted, the Coast Guard must have evidence that you hold a valid TWIC or, for original applicants, that you have enrolled for a TWIC and are awaiting the results. With the exception of applicants for Documents of Continuity, no mariner credential will be issued until the Coast Guard receives information from the TSA that you are currently or have previously been approved to hold a TWIC.

Exemptions from holding a valid TWIC:

- a. Mariners applying for a Document of Continuity are not required to enroll for a TWIC.
- b. Mariners who are inactive or not operating under the authority of their credential. This exemption will cease to exist if the mariner subsequently chooses to work under the authority of their credential.
- c. Mariners who serve on vessels that are not required to have a vessel security plan. These vessels include:
 - i. Uninspected passenger vessels of less than 100 gross register tons (GRT); and
 - ii. Vessels inspected under subchapter T of Title 46 Code of Federal Regulations, except those on international voyages; and
 - iii. Towing vessels not involved in towing barges inspected under 46 CFR subchapters D, I or O; and
 - iv. Towing vessels involved in fleeting, docking, or ship assist as excepted in Title 33 CFR, Section 104.105(a)(11).

This exemption will cease to exist if the mariner subsequently chooses to work under the authority of their credential on vessels not specifically exempted

III. 2a-e **Convictions and Drug Use**

Has applicant used dangerous drugs, including marijuana within the past 10 years? Check YES or No. Applicant must provide evidence of having passed a chemical test for dangerous drugs or qualify for an exemption from testing as per 46 CFR. Original applicants are required to list 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. If you are unsure what you previously reported, you are encouraged to provide a complete list of all convictions. Failure to report convictions will delay your credential and may result in denial.

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, unless the applicant consents to an NDR check as per 46 USC 7505.

Section IV: Mariner's Consent/Certification

IV.1 **Mariner Outreach System (MOS):** This is an optional program. 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 **Third Party Release:** 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/>.

IV.5 **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 be 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.6 **Signature and Date:** Failure to sign and date the application will result in the application being returned.

Figure 1:

Attachment to Include:	Endorsement Categories and Transaction Types								
The following attachments are required for transactions to the right.	Original Entry Level Rating Endorsement	Qualified Original Rating Endorsement	Original Officer Endorsement	Renewal	Duplicate	Raise of Grade/New Endorsement	USRP Endorsement (see note)	Doc. Of Continuity	Certificate of Registry (Original)
Statement of Loss (<i>Duplicate</i>) 46 CFR 10.229(a)					<input checked="" type="checkbox"/>				
User Fees: Copy of Receipt from www.pay.gov 46 CFR 10.219(a)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Oath (<i>For original only</i>) 46 CFR 10.225(c)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>						
Complete Physical CG 719K (Last 12 Months) 46 CFR 10.215		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Complete Physical CG 719K (<i>Approved Last 36 Months</i>) 46 CFR 10.215						<input checked="" type="checkbox"/>			
Complete Physical CG 719K/E (<i>Last 12 Months, Entry Level Applicants Only</i>) 46 CFR 10.215	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>
Drug Screen 46 CFR 10.225(b)(5)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Copy of All Current Credential(s)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Sea Service 46 CFR Parts 10, 11, 12 and 13		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	**	<input checked="" type="checkbox"/>
Notarized Statement from Legal Guardian for Applicants < 18 YOA 46 CFR 11.201(e)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	

* A pilot association letter of attestation will be accepted for First Class Pilots.

** Sea Service minimum for USRP Endorsement: 24 months licensed service aboard vessel of 4,000 GRT (incl waters navigated: oceans; coastal; inland lakes, bays and sounds; rivers; and Great Lakes) Include Vessel name, Official Number/State Registration Number, GRT, Waters Navigated, Licensed Position, Dates Served on Vessel, and Number of Total days served.

NOTE: When ONLY applying for an original or renewal of a USRP endorsement, scan completed application along with any additional supporting documentation and email 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

Any questions or for assistance, contact NMC Customer Service Center: 1-888-IASKNMC (1-888-427-5662) or http://www.uscg.mil/nmc/contact_iasknmc.asp

APPLICATION FOR MERCHANT MARINER CREDENTIAL (MMC)

Section I: Personal Data

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/Nationality 5a. Place of Birth (*City*) 5b. State 5c. Country 5d. Color of Eyes 5e. Color of Hair

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

6a. Home Address (*PO Box NOT acceptable*)
 Street Address 6c. Primary Phone Number
 City State Zip Code 6d. Alternate Phone Number
 6b. Delivery/Mailing Address, if different (*PO Box acceptable*)
 Street Address 6e. E-mail Address
 City State Zip Code 6f. Other

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

7a. Name & Mailing Address, City, State, Zip Code Same address as above
 Street Address 7b. Relationship (*Optional*)
 City State Zip Code 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 (<i>Check all that apply: See instructions for definitions and additional requirements for the transaction below</i>)					
	Original	Renewal	Duplicate	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity
Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Entry Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 have my merchant mariner credential (MMC) issued immediately and decline having its issuance coincide with my previous credentials expiration date.

APPLICATION FOR MERCHANT MARINER CREDENTIAL (MMC)

Section III: Safety and Suitability

1. Transportation Worker's Identification Credential (TWIC) - I have previously enrolled 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. Convictions and Drug Use (*NOT PREVIOUSLY DISCLOSED*): If you answer Yes to ANY of the below questions complete the CG-719C or its equivalent 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 offence 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) (**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 (MOS) (**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 or revocation to the U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404. For more information on MOS, 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. I understand that a Document of Continuity is not valid for use in accordance with 46 CFR 10.227 (e)(2)(ii) and aware of the requirements to obtain an MMC.

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

4. Third Party (*Optional*)

* By checking the following boxes, I am authorizing release of information to the third party as indicated below. If a selection is made, please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party release information can be attached separately.

<input type="checkbox"/> 4a. Safety and Suitability	Name of Organization or Third Party <input type="text"/>
<input type="checkbox"/> 4b. Professional qualifications, certification records, or Sea Service	Organization Point of Contact (<i>if applicable</i>) <input type="text"/>
<input type="checkbox"/> 4c. Merchant Mariner Credential Delivery	Street Address <input type="text"/>
<input type="checkbox"/> 4d. Act on my behalf in all matters pertaining to the processing of my current USCG credential application.	City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>
	Phone Number <input type="text"/>

5. 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.
- If registered as a U.S. Registered Pilot, I will obey all application regulations of the Secretary of Homeland Security, the U.S. Coast Guard and of any other Federal Agency; and that I will be continuously available for service when required on those waters of the Great Lakes for which registered.
- I consent to a check of the National Driver Registry related to my driving history, including motor vehicle convictions involving alcohol or controlled substances; and any traffic violations in connection with a fatal traffic accident, reckless driving or racing.
- I understand that by checking boxes 4a - 4d in Section IV, I authorize release of information to the third party indicated until issuance of a MMC or until Agency final action is made.
- 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.

APPLICATION FOR MERCHANT MARINER CREDENTIAL (MMC)

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

6. Applicant's Signature

Signature of Applicant

Date (MM/DD/YYYY)

X

Signature of an individual authorized to administer the Oath

Date (MM/DD/YYYY)

X

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7305, 7313, 7314, 7316, 7317, 7319, 7502, 7701, 8701, 8703, 9102; 46 C.F.R. 12.02; 49 C.F.R. 1.45, 1.46

Purpose: The principal purpose for which this information will be used is to determine domestic and international qualifications for the issuance of merchant mariner credentials. This includes establishing eligibility of a merchant mariner's credential, duplicate credentials, or additional endorsements issued by the Coast Guard and establishing and maintaining continuous records of the person's documentation transactions.

Routine Uses: The information will be used by authorized Coast Guard personnel with a need to know the information to determine whether an applicant is a safe and suitable person who is capable of performing the duties of the Merchant Mariner. 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 non-issuance of the requested credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for 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: Commanding Officer, U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404 or Office Of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

DISCLOSURE STATEMENT FOR NARCOTICS, DWI/DUI, AND/OR OTHER CONVICTIONS

----- Instructions -----

Who should submit this form?

Original Merchant Mariner Credential (MMC) applicants are required to list all convictions including military court martial, driving related convictions other than minor traffic violations, and foreign court convictions. For renewals and endorsements, list all of those convictions not previously reported to the Coast Guard on a MMC application. If you are unsure what you previously reported, you are encouraged to provide a complete list of all convictions. Failure to report convictions will delay your credential and may result in denial. You may use this form or its equivalent to report your convictions, and may use additional pages as necessary.

CONVICTION DEFINED (46 CFR 10.107)

A. An applicant **will be** considered to have **received a conviction** of a criminal **Felony, Misdemeanor** or a **National Driver Register (NDR)** offense if he or she:

1. **Plead Guilty,**
2. **Plead No Contest,**
3. **Is granted Deferred Adjudication,**
4. **Is Required to:**
 - (a) **Attend Classes,**
 - (b) **Make contributions of Time or Money,**
 - (c) **Receive Treatment,**
 - (d) **Submit to any manner of Probation or Supervision, or,**
 - (e) **Forego Appeal** of a trial court's conviction.

B. A conviction of more than one offense at a single trial will be considered to be **multiple** convictions.

C. **Expunged** convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Section I: Personal Data

- **Legal Name** - Enter complete legal name and include aliases used and/or maiden name(s).
- **Reference Number** - If you have been credentialed by the Coast Guard in the past, enter your reference number.
- **Social Security Number** - If you are applying for an original credential, enter your SSN.
- **Date of Birth** - If applicant is under 18 years of age, notarized statement from legal guardian is required. Attach a notarized statement, signed by a parent or guardian, authorizing the Coast Guard to issue a Medical Certificate.

Section II: Conviction and/or Drug Use Disclosure

- **Convicted of** - Enter the exact charge(s) for which you were convicted.
- **City** - Enter the city/town/parish where you were convicted.
- **State/Country** - Enter the state/country where you were convicted.
- **Date** - Enter the date of conviction.
- **Court findings** - Enter the court's final determination of charges to include amended or added charges.
- **Court sentence/requirements** - Enter length of an incarceration ordered by court, probation (probation officer name and phone number), fines, classes, driving privilege suspended/revoked and reinstatement date, etc.)
- **What happened** - Provide brief description of events leading to arrest to include the Arresting Agency.

Section III: Acknowledgement and Certification

- **Signature of Applicant** - Acknowledge that you have read and understand the definition of conviction and certify that the information on this Disclosure Statement for Narcotics, DWI/DUI, and/or other Convictions form is true and correct.
- **Date** - Enter current date.

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7305, 7313, 7314, 7316, 7317, 7319, 7502, 7701, 8701, 8703, 9102; 46 C.F.R. 10.211 (a), 12.02; 49 C.F.R. 1.45, 1.46

Purpose: The principal purpose for which this information will be used is to determine domestic and international qualifications for the issuance of merchant mariner credentials. This includes establishing eligibility of a merchant mariner's credential, duplicate credentials, or additional endorsements issued by the Coast Guard and establishing and maintaining continuous records of the person's documentation transactions.

Routine Uses: The information will be used by authorized Coast Guard personnel with a need to know the information to determine whether an applicant is a safe and suitable person who is capable of performing the duties of the Merchant Mariner. 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 non-issuance of the requested credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 10 minutes. You may submit any comment concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404.

DISCLOSURE STATEMENT FOR NARCOTICS, DWI/DUI, AND/OR OTHER CONVICTIONS

Section I: Personal Data (Please Print)

1. Legal Name	Last	First	Middle	Alias(es) or Maiden Name(s) (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Reference Number	3. Social Security Number (000-00-0000)		4. Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Section II: Conviction and/or Drug Use Disclosure (Please Print)

Failure to disclose the details requested below for every question marked YES in Section III of the CG-719B will delay the application process. **Please attach additional sheets as necessary.**

DANGEROUS DRUG USE DETAILS (if any)	5. Type of Drug	6. Month/Year of Last Use (MM/YYYY)
	<input type="text"/>	<input type="text"/>

CONVICTION DETAILS CONVICTION 1

a. Convicted of	b. City	c. State/Country	d. Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Court findings: (deferred adjudication, guilty plea/no contest, etc.)	f. Court sentence/requirements: (length of any incarceration ordered by court, probation [probation officer name and phone number], fines, classes, driving privilege suspended/revoked, and reinstatement date, etc.)		
<input type="text"/>	<input type="text"/>		
g. What happened and did you comply with/are you in compliance with court order (Provide brief description of events and Arresting Agency)			
<input type="text"/>			

CONVICTION 2

a. Convicted of	b. City	c. State/Country	d. Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Court findings: (deferred adjudication, guilty plea/no contest, etc.)	f. Court sentence/requirements: (length of any incarceration ordered by court, probation [probation officer name and phone number], fines, classes, driving privilege suspended/revoked, and reinstatement date, etc.)		
<input type="text"/>	<input type="text"/>		
g. What happened and did you comply with/are you in compliance with court order (Provide brief description of events and Arresting Agency)			
<input type="text"/>			

Section III: Acknowledgement and Certification

I acknowledge that I have read and understand the definition of "conviction" in the instructions, and I certify that the information on this Disclosure Statement for Narcotics, DWI/DUI, and or Other Convictions form is true and correct.

Signature of Applicant	Date (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

SMALL VESSEL SEA SERVICE FORM

For Service on Vessels Under 200 Gross Tons Only

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

Name Last	First	Middle	Reference Number <i>(if applicable)</i>	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Vessel Name	Official Number or State Registration Number
<input type="text"/>	<input type="text"/>

Vessel Gross Tons	Length Feet	Inches	Width (if known) Feet	Inches	Depth (if known) Feet	Inches
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Propulsion <i>(Motor/Steam/Gas Turbine/Sail/Aux Sail)</i>	Served As <i>(Master/Mate/Operator/Deckhand/Engine etc.)</i>
<input type="text"/>	<input type="text"/>

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

SMALL VESSEL SEA SERVICE FORM

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

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

Date (MM/DD/YYYY)

X

- NOTE:**
- The Owner, Operator, or Master must complete the remainder of this form.
 - If you are the owner of the vessel, proof of ownership must be provided.

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

Date (MM/DD/YYYY)

X

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

PRIVACY ACT STATEMENT

Authority: 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7305, 7313, 7314, 7316, 7317, 7319, 7502, 7701, 8701, 8703, 9102; 46 C.F.R. 12.02; 49 C.F.R. 1.45, 1.46

Purpose: The principal purpose for which this information will be used is to determine domestic and international qualifications for the issuance of merchant mariner credentials. This includes establishing eligibility of a merchant mariner's credential, duplicate credentials, or additional endorsements issued by the Coast Guard and establishing and maintaining continuous records of the person's documentation transactions.

Routine Uses: The information will be used by authorized Coast Guard personnel with a need to know the information to determine whether an applicant is a safe and suitable person who is capable of performing the duties of the Merchant Mariner. 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 non-issuance of the requested credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.