

Ordinary Seaman Application Package

Application Package Checklist

The following documents need to be provided for an original issue, renewal, upgrade or re-issue of a Merchant Mariner Credential endorsed for Able Seaman.

- Transportation Workers Identification Credential (TWIC)
 - All applicants must hold a valid TWIC
- Complete USCG application form CG-719B (included)
 - Provide a disclosure statement for any questions answered yes to in section III
- DOT/USCG Drug Test form CG-719P (included)
- Merchant Marine Certificate of Fitness for entry level rating form CG-179K/E (included)
- Passport Photo

The following documents must be provided for the original issued of any Merchant Mariner Credential.

- Social Security Card
- Proof of Citizenship
 - Passport
 - Birth Certificate

Deliver the above documents to one of the Regional Exam Centers (REC) listed on the following page or contact that REC for apply by mail options.

Regional Exam Center locations and phone Numbers

Alaska

800 E. Diamond Blvd., Suite 3-227
Anchorage, AK 99515
(907)271-6736

2760 Sherwood Lane, Suite 2A
Juneau, AK 99801-8545
(907)463-2458

California

501 W. Ocean Blvd., Suite 6200
Long Beach, CA 90802
(562)495-1840

Oakland Federal Bldg., North Tower
1301 Clay Street, Room 180N
Oakland, CA 94612-5200
(510)637-1124

Florida

Claude Pepper Federal Building
51 SW 1st Ave., 6th Floor
Miami, FL 33130-1608
(305)536-6548
(305)536-6874

Hawaii

433 Ala Moana Blvd.
Honolulu, HI 96813-4909
(808)522-8264

Louisiana

4250 Hwy 22, Suite F
Mandeville, LA 70471
(985)624-5700

Maryland

US Customs House
40 South Gay Street
Baltimore, MD 21202-4022
(410)962-5132

Massachusetts

455 Commercial Street
Boston, MA 02109-1045
(617)223-3040

Missouri

1222 Spruce Street, Suite 8.104E
St. Louis, MO 63103-2835
(314)539-3091

New York

Battery Park Building
1 South Street
New York, NY 1004-1466
(212)668-7492

Ohio

420 Madison Ave., Suite 700
Toledo, OH 43604
(419)418-6010

Oregon

911 NE 11th Ave, Room 637
Portland, OR 97232
(503)231-2296

South Carolina

196 Tradd Street
Charleston, SC 29401-1899
(843)720-3250

Tennessee

200 Jefferson Ave., Suite 1302
Memphis, TN 38103
(901)544-3297

Texas

8876 Gulf Freeway, Suite 200
Houston, TX 77017-6595
(713)948-3350

Washington

915 Second Ave., Room 194
Seattle, WA 98174-1067
(206)220-7327

For additional information visit the USCG License Center website

<http://www.uscg.mil/STCW>

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

Section I - Personal Data	(For CG Use Only) Date Application Received
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Name (Last, First, Middle) (Maiden Name if applicable)		Social Security Number
Date of Birth (Month, Day, Year) ____ / ____ / ____	Place of Birth (City, State, Country)	Country of Citizenship
Color of Eyes	Color of Hair	Height _____ ft _____ in Weight _____ lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)	Phone Number () -	
	FAX Number () -	
	E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code	Relationship	
	Next of Kin's Phone Number () -	
	Next of Kin's E-mail Address	

Parental or Guardian's Consent

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

Section II - Type of Transaction

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Discharge Sea Service					

***If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

State Current or Previous License/Merchant Mariner's Document

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

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

Section III - Narcotics, DWI/DUI, and Conviction Record Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

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

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

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

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

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

X Signature of Applicant

Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC-4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203-1804

X Signature of Applicant

Date

**Application for License as an Officer, Staff Officer, or
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Section VI - Certification and Oath

Certification (Mandatory)

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

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

X Signature of Applicant agreeing to the above statement

Date

Oath (For originals only. Coast Guard official must witness applicant signature.)

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

X Signature of Applicant

Date

Signature of Coast Guard Official

Date

U.S. Coast Guard Use Only

Section VII - REC Application Approval

Signature of Approving Official

REC

(Application has been approved on this date)

Date

Section VIII - REC Citizenship Verification & Credential Issuance

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued

Document Rating(s) Issued

Issue Number

License Serial Number

MMD Serial Number

Expiration Date

Expiration Date

Check box if corresponding STCW certificate was issued.

Signature of Issuing Official

REC

Date

Section IX - NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

Signature of Approving NMC Official: _____ Date: _____

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

PRIVACY ACT STATEMENT

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

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

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

"The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

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

1. Look in the local phone book in the Yellow Pages
2. Go to the category “**DRUG TESTING DETECTION SERVICES OR DRUG DETECTION SERVICES**”.
3. In that category, look for a business entity that can assist in providing a **DOT (Department of Transportation)** drug test.
4. Contact that business and explain that you need a DOT drug test to complete your USCG license/MMD transaction.
5. The business entity should be able to provide a one-stop service to include arranging for the collection of the specimen, laboratory analysis of the specimen at a SAMHSA accredited laboratory, and Medical Review Officer (MRO) services for review of the specimen results.

THINGS TO LOOK FOR:

1. The chain-of-custody form should have the words on the top line “**Federal Drug Testing Custody and Control Form**”. If those words are not present on the form in the top space, it is not a DOT (Federal) drug test and will not be accepted by the USCG Regional Examination Center (REC).
2. Make sure that the name of the MRO appears in Section 1 on the right hand side.

AFTER TAKING THE TEST OR HAVING THE SPECIMEN COLLECTED:

1. You should be given **Copy 5 (Donor’s copy)** to take with you. That is your copy and receipt that you have taken the drug test. **THIS DOES NOT HAVE THE TEST RESULTS ON IT.**
2. The test results should be available approximately 24 to 48 hours after the time that you had your specimen collected.
3. When arranging for the drug test services, ensure that you will be able to get the results back.
4. Drug test results need to be submitted with your complete application package to the REC that is handling your transaction.
5. Acceptable proof of a drug test result can be any one of the following:
 - a. Copy 2 of the Federal Drug Testing Custody and Control Form signed by the MRO. Make sure that the test result can be seen clearly; or
 - b. Completion of the DOT/USCG PERIODIC DRUG TESTING FORM (CG-719P) that was issued to you by the REC. The MRO needs to complete this form; or
 - c. A letter issued by the business entity that made the arrangements for you to take a drug test. The letter should contain the following:
 - i. Your name and Social Security Number
 - ii. The date that the specimen was collected

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

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

DOT/USCG Periodic Drug Testing Form

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Drug Testing" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details).

NOTE: The cost of the drug test is the **sole** responsibility of the applicant, not the Coast Guard.

Section I – Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name: (Last, First, Middle) of Applicant (Print or Type)

Social Security Number

X Signature of Applicant

Date

Section II – Name of SAMHSA Accredited Laboratory (Type or Print)

Name

Address

Section III – Medical Review Officer

DATE SPECIMEN COLLECTED: _____

Specimen Analyzed For (DOT 5 Panel):

- Marijuana metabolite
- Cocaine metabolites
- Opiates metabolites
- Phencyclidine
- Amphetamines

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

NEGATIVE

**POSITIVE/SUBSTITUTED/ADULTERATED or
INVALID TEST (Test Cancelled)**

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

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Marine Safety Office).

This specimen is verified **POSITIVE** for _____.

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

The test was **CANCELLED** because (insert reason): _____

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

MEDICAL REVIEW OFFICER AUTHORITY:

Name: (Printed) _____

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

Name of MRO Qualifying Organization: _____

Registration Number Issued by Qualifying Organization: _____

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<p>REQUIREMENTS</p>	<ul style="list-style-type: none"> ● A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates. ● ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
<p>OPTION I PERIODIC TESTING PROGRAM</p>	<ul style="list-style-type: none"> ● A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. ● COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given Title 49 CFR Part 40.31. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at www.uscg.mil/hq/g-m/moa/dapip.htm. ● The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly to our office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.
<p>OPTION II RANDOM TESTING</p>	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs. EXAMPLE (From Marine Employers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./ Army Corps of Engineers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.
<p>OPTION III PRE-EMPLOYMENT TESTING</p>	<ul style="list-style-type: none"> ● An ORIGINAL DATED letter on marine employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days. EXAMPLE: <i>APPLICANT'S NAME / SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY ACT STATEMENT

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

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

Section I – Applicant Information

Name (Last, First, Middle) of Applicant:	Social Security Number:
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Section II – Physical Information

Height: _____ ft _____ in	Eye Color:	Distinguishing Marks:
Weight: _____ lbs	Hair Color:	

Section III – Physical Agility Certification

An applicant for an Entry Level Rating [ordinary seaman, wiper, or steward’s department (food handler)] is not required to complete a physical examination, but they must have the agility, strength, and flexibility to:

- Climb steep or vertical ladders.
- Maintain balance on a moving deck.
- Pull heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
- Rapidly don an exposure suit.
- Step over doorsills of 24 inches in height.
- Open or close watertight doors that may weigh up to 56 pounds.

Place an X in the appropriate block below.

<input type="checkbox"/> Applicant has the physical strength, agility, and flexibility to perform all of the items listed above.	<input type="checkbox"/> Applicant does NOT have the physical strength, agility, and flexibility to perform any one of the items listed above.
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Considering the above requirements and noting the duties to be performed by the applicant aboard a vessel of the United States, I consider the applicant (Please check one)	<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent	<input type="checkbox"/> Needing Further Review
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Name of Physician/Physician’s Assistant/Nurse Practitioner:	Office Address, City, State, Zip Code:
License Number:	Telephone Number:

Signature of Physician/Physician’s Assistant/Nurse Practitioner	Date
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Section IV – Applicants Signature

I certify that all information provided by me is complete and true to the best of my knowledge	
<input checked="" type="checkbox"/> Signature of Applicant	Date

Merchant Marine Certification of Fitness for Entry Level Ratings

Section V - Description of the requirements for Certificate of Fitness

Title 46 of the Code of Federal Regulations (CFR) requires that an applicant for **Entry Level Ratings** valid for service on a seagoing vessel of 200 or more gross register tons (GRT) (domestic tonnage) "Provide a document issued by a qualified medical practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued". The following is a list of activities the Applicant shall be physically able to perform:

For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous, and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical.

All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as fire-fighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing, and handling moderate weights (from 30-60 pounds).

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 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
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