
Raise of Grade from OUPV to Master or Mate, 25, 50 or 100 tons Application Packet



For additional forms, head to <https://www.seaschool.com/united-states-coast-guard-forms>

How to Contact Sea School:



(800) 237-8663



info@seaschool.com



www.seaschool.com

Sea School is a premier maritime training institution dedicated to providing comprehensive education and certification for aspiring mariners and seasoned professionals alike. Sea School offers a wide range of United States Coast Guard-approved courses, deck hand training, and specialized safety certifications. If you are looking for additional training or assistance before submitting your application packet, please reach out to us at info@seaschool.com.

UPGRADE TO MASTER CHECKOFF LIST

Please be sure to complete each item below (as applicable) prior to submitting your paperwork.

- Application for Merchant Mariner Credential (CG-719B)**
 - Fill in all information for pages 3-5
 - Page 4 notarization **NO LONGER** required
 - Disclose only **NEW convictions** since your license was last issued on CG-719C
- Disclosure Statement for Narcotics DWI/DUI and or Other Convictions (CG-719C)**
- Copy of Valid TWIC**
 - Can be receipt showing you have applied
 - If expired, check off the first box on CG-719B application page 4.
- Certificates for License Requested (i.e. Upgrade to Master)**
- Sea Service Form (CG-719S)**
 - The USCG will consider sea time already on file from your OUPV or other previous applications. **No need to re-submit that time.**
 - You should include any **NEW** sea time that you would like considered for your Master License.
 - Forms need to be fully completed, including all math.
- DOT/USCG Periodic Drug Testing Form (CG-719P)**
- Copy of Valid Medical Certificate (CG-719K)**
 - If expired, submit new CG-719K
- Citizenship & Age Requirement**
 - Must be a US Citizen
 - Must be 19 years old
- Application Fee (pay.gov)**
 - \$145 paid to pay.gov, include copy of receipt of payment (see pg 4 for directions)
- Sea Time Tonnage Determinations:** All licenses require 90 days recent time
 - Master Near Coastal:**
 - 720 days overall sea time, at least 360 in near coastal water
 - 100 GRT license will require 180 days over 51 GRT or 360 days over 34 GRT
 - 50 GRT license will required 180 days over 26 GRT or 360 days over 17 GRT
 - All others will get 25 GRT
 - Master Inland:**
 - 360 days overall sea time
 - 100 GRT license will require 90 days over 51 GRT or 180 days over 34 GRT
 - 50 GRT license will require 90 days over 26 GRT or 180 days over 17 GRT
 - All others will get 25 GRT

HOW TO SUBMIT APPLICATION PAPERWORK TO THE USCG

NEW IN 2026: The Coast Guard prefers you to use the portal method for application submission. It's free and gets there immediately. You get a confirmation email letting you know it was received.

For submission of Merchant Mariner Credential*:**

1. Scan all documents (EXCEPT CG719K medical) into pdf format ONLY.
2. Go to portal on USCG website: <https://nmc-asap.appsplatformportals.us/>
3. Upload MMC documents where indicated.

For submission of Medical Certificate:

1. Scan Medical CG719K into pdf format.
2. Go to portal on USCG website: <https://nmc-asap.appsplatformportals.us/>
3. Upload medical form to MEDICAL CERTIFICATE category.

If you cannot use the Portal for submission*:**

Postal mail ALL documents (be sure to keep a set of copies for yourself) to:

**USCG National Maritime Center
100 Forbes Drive
Martinsburg, WV 25404**

****Note that any MMC application for either Limited Licenses or First Class Pilots MUST be sent to your LOCAL REC. The medical can still be uploaded to the portal.*

****A list of LOCAL RECs can be found on the NMC website under the RECs tab.
https://www.dco.uscg.mil/national_maritime_center/*

PAYING YOUR COAST GUARD FEES

All applicants must now use www.pay.gov. Here you can use a credit card, debit card, or direct debit (ACH) from a bank account, enter some demographic data and follow the steps to obtain the receipt, which will go with your application.

1. Go to pay.gov
2. In the search bar in the right corner, type “mariner”



OR



3. Choose the option that says “USCG Merchant Mariner User Fee”
4. Hit *Continue*
5. Hit *Continue to the Form*

USCG Merchant Mariner User Fee Payment

Description: Use this FORM to pay your US Coast Guard Merchant Mariner License and Documentation (MLD) Program User Fees for the evaluation of applications, taking of examinations, and issuance of licenses, certificates of registry and/or merchant mariner documents.

Form Number: DHSCG MLD User Fee

Agency: [Homeland Security: US Coast Guard National Maritime Cntr](#)

[Continue](#)

6. In the top portion, fill out your personal information. Use the below to fill in the boxes on the bottom:

User Fee Information

Please select what you need to pay for
[Questions? Click here to chat](#)

Credential Category
 (Click here if paying an evaluation fee, otherwise skip to examination and/or issuance fees)

Officer Endorsements only

Type of Endorsement *

Officer Raise of Grade \$100.00

Examination/Testing Fees

Issuance Fees

Pay MMC issuance fee now \$45.00

Evaluation Fee	\$100.00
Examination Fee	\$0.00
Issuance Fee	\$45.00
Total Fees	\$145.00

7. On the next page, it will ask you for your payment information and your email address to complete the transaction. You should receive an emailed receipt once the payment is processed. A copy of that email needs to be included with your USCG application to show you have pre-paid your fees.

SEA SERVICE ~ CG-719S

What counts as sea service?

- Sea service is a measure of a mariner's lifetime experience on boats, whether recreational, commercial, or military. It may be counted from the day a mariner turns age 16 and accumulates over his or her lifetime.
- A day of sea service is any day that a mariner served upon a vessel in an assigned position in either the deck or engineering department of a vessel (not a passenger). The position may include duties such as: handling lines, being a lookout, steering the boat, and other navigational or propulsion functions.
- Sea service never expires and may be reused when applying for new endorsements. It is the mariner's responsibility to keep copies of all sea service records.

What counts as a "day"?

- A "day," as defined by the regulations, is 8 hours of watch-standing or day-working, not to include overtime.
- Only on vessels of less than 100 gross registered tons (GRT): Credit for a full day will only be given or service of 4 hours or more (See 46 CFR 10.107, definition of "Day"). No credit will ever be given for days in which less than 4 hours were served.
- For the purposes of defining sea service requirements, the Coast Guard considers 1 month as 30 days, and 1 year as 12 months (or 360 days).

How do I document sea service?

- **To document service aboard vessels of less than 200 GRT:** Applicants may use the CG 719-S (Small Vessel Sea Service Form) or they may submit a letter which includes the same information required on the Small Vessel Sea Service Form.
 - Remember that you must complete a **separate** Small Vessel Sea Service Form for **each vessel** you served aboard.
 - If you are the owner of a vessel on which you are claiming service, you must also submit proof of ownership for that vessel. Acceptable proof of ownership may include:
 - Title
 - Registration (state registered vessels)
 - Certificate of Documentation (U.S. Coast Guard registered vessels)
 - Proof of insurance (which clearly identifies the vessel)
 - Bill(s) of sale.
 - If you are signing as the owner of a corporation that owns the vessel, you must include a copy of proof of ownership of the company, such as a copy of the articles of incorporation. (See 46 CFR 10.232.)
 - Photographs or imagery of vessels are **not** acceptable as proof of ownership.
 - If you are not the owner of the vessel, someone with knowledge of your service must attest to its accuracy and validity in the proper location on the form by signing it and completing the associated required information.

SEA SERVICE ~ CG-719S

How do I show Proof of Ownership of a boat for my Captain's License?

For service on your own vessel the USCG requires that you provide proof of vessel ownership.

They will consider any **ONE** of the following:

- Copy of current or past vessel documentation showing ownership
- Copy of current or past state registration
- Copy of bill of sale from vessel purchase or sale.
- Copy of vessel insurance documents identifying vessel and applicant
- Letter from USCG District Director of Auxiliary verifying ownership

OR

Any **TWO** of the Following:

- Customs clearance documents relative to the claim of ownership.
- Sufficient fuel and/or repair bills relative to the vessel and the applicant
- Copies of berthing and/or mooring rental /lease agreements
- Notarized letters from USCG licensed mariners attesting to the ownership.
- Notarized letters attesting to vessel ownership from:
 - Dockmaster, OR
 - Vessel repair facility, boatwright, installer, or officer of yacht club, OR
 - USCG Auxiliary Division Commander or US Power Squadron Officer

How can I retrieve Federal Documentation Numbers on a vessel?

- USCG National Vessel Documentation Center - 1-800-799-8362
- USCG Maritime Information Exchange on the web: <https://cgmix.uscg.mil/>
 - Hover over the SEARCH CGMIX menu
 - Hover over Port State Information Exchange
 - Click PSIX Vessel Search
 - Search by Vessel name, number, call sign, hull number, flag, type of serve and/or year built.

Tonnage Explained

The term “Gross Tons” is used by the Coast Guard in licensing and vessel documentation and inspection procedures. Gross tonnage (now called Gross Register Tons or Domestic Tons), is a term used to describe the total enclosed space (internal capacity) of a vessel, using 100 cubic feet to a ton.

Net tonnage is gross tonnage less fuel compartments, engine space, bridge, crew’s quarters, and other spaces having no cargo carrying capacity.

There are two basic methods determining Gross Tonnage. The method most often used by the USCG is shown below. Gross Tonnage by this calculation is domestic (GRT) as opposed to international (ITC). USCG licensing regulations refer to domestic GRT.

Gross Tonnage (GRT) is calculated by multiplying overall length (L), by overall breadth (B), by depth (D)*.

**Depth = Internal depth from keel to underside of top deck*

Divide the product of L*B*D by 100. For a sailing vessel, multiple by ½. For a power vessel multiply by ⅔.

Formula:

$$\text{Gross Tonnage (Sail)} = (L*B*D/100) * 0.5$$

$$\text{Gross Tonnage (Power)} = (L*B*D/100) * 0.67$$

$$\text{Net Tonnage (Sail)} = \text{Gross Tonnage (Sail)} * 0.9$$

$$\text{Net Tonnage (Power)} = \text{Gross Tonnage (Power)} * 0.8$$

If there is no propelling machinery in the hull then Gross Tonnage = Net Tonnage.

These calculations are not accurate for vessels under 40' in length. Vessel documentation papers are the only reliable sources of information on gross and net tonnage. Undocumented vessels under 40' in length may be considered as being under 5 net tons for licensing purposes.

TONNAGE DETERMINATIONS - INSPECTED LICENSES TO 100 GRT

MASTER INLAND AND/OR MATE NEAR COAST TO 100 GRT - 360 DAYS

100 GRT will require 90 days over 50 GRT or 180 days over 34 GRT

50 GRT will require 90 days over 25 GRT or 180 days over 17 GRT

All others will be eligible for 25 GRT

MASTER NEAR COASTAL TO 100 GRT - 720 DAYS

100 GRT will require 180 days over 50 GRT or 360 days over 34 GRT

50 GRT will require 180 days over 25 GRT or 360 days over 17 GRT

All others are eligible for 25 GRT

A NOTE ON LICENSING:

Be aware that the above licenses are superior to OUPV and are therefore valid for use on uninspected vessels to 100 GRT, even if the inspected tonnage is listed as 25 or 50 GRT.

SUMMARY OF SEA SERVICE ~ CG719S

This is the record of underway sea service experience. The top part of this section is a worksheet to record a breakdown of the estimated days by year and calendar month. The bottom part of this section contains boxes to record totals of the information from the top of this section.

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: 1			Number of days served on Great Lakes: 2				
Average hours underway (per day)?			Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7: 3				
Average distance offshore:			Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7: 4				

- 1** Should be the total number of days claimed on this particular form. Should equal the sum of all days indicated in the top part of this section. Should also equal the sum totals of days claimed in boxes 2, 3, and 4
- 2** Should contain a breakdown of the number of days you are claiming service on waters of the Great Lakes.
- 3** Should contain a breakdown of the number of days you are claiming service on inland waters (i.e., **shoreward** of the boundary line.
- 4** Should contain a breakdown of the number of days you are claiming service on near coastal waters (i.e. **seaward** of the boundary line

Use the below aid to assist in meeting your sea service requirements.

From your Small Boat Experience Sea Service Forms, provide:

- 1.Total Days operated as shown on form (#2, 3 & 4 must add up to #1) _____
- 2.Of those totals, how many were offshore? _____
- 3.How many were inland? _____
- 4.How many were Great Lakes? _____
- 5.How many were within the past 7 years (90 days minimum)? _____
- 6.How many hours per day do you operate (minimum 4 hrs*) _____

**Minimum 4 hours on vessels less than 100 gross tons. For vessels 100 gross tons and over, a minimum operating day is considered 8 hours.*

DRUG TESTING ~ CG-719P

Do I need to have a drug screen for a USCG License?

A drug test is required for All licensing transactions EXCEPT:

- Documents of Continuity
- License Modifications, i.e., Increases of Scope
- Duplicate License Requests
- International Endorsements (STCW)

What conditions are acceptable substitutes for a Drug Screen?

Letter from company or drug consortium showing:

1. Evidence of passing the proper test within the previous 6 months with no positive test since,
OR
2. Evidence of being 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.

If employed in the maritime industry, mariners need to be subject to random testing. This can be a company sponsored program or an outside drug screening consortium.

Drug tests or Letters of Compliance from a consortium, need to be less than 6 months old when submitted.

Our Professional Captain's Consortium, **APCA**, will help you fulfill the USCG license requirements and stay compliant.

Join **APCA** at www.apcadrugtesting.com

For questions on drug testing or consortium membership, **contact APCA at (727) 522-2727.**

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](http://46CFR10.239)
- 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. **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.
4. **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).
5. **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.
6. **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 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.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/>.

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 6c. Primary Phone Number

City State Zip Code 6d. E-mail Address

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

Street Address 6e. Alternate Phone Number

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

Name 7b. Relationship (*Optional*)

Street Address 7c. Primary Phone Number (*Optional*)

City State Zip Code 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"/>
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Entry Level	<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 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

Name of Organization or Third Party

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

Organization Point of Contact (if applicable)

6c. Merchant Mariner Credential Delivery

Street Address

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

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

X _____

Date (MM/DD/YYYY)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. § 2103, 7101, 7302, 7502; 46 C.F.R. 10.209.

PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) 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 USCG 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 USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information (Including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC, and any endorsement within the MMC.

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.

DISCLOSURE STATEMENT FOR NARCOTICS, DWI/DUI, AND/OR OTHER CONVICTIONS (OPTIONAL FORM CG-719C)

----- 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 for the disclosure required by 46 CFR 10.211 to report your convictions, or you may use this form as a guide to provide your written explanation.

If an applicant applies before the minimum assessment period for his or her conviction, he or she must submit evidence of suitability for service. This may include: proof of completion of alcohol or drug abuse rehab; membership in a rehab or counseling group; character references; steady employment; and successful completion of parole or probation. 46 CFR 10.211(i)

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. Was **Found Guilty, or Pleaded Guilty**,
2. Pleaded **No Contest**,
3. Was granted **Deferred Adjudication**,
4. Was **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: Applicant Information

- **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.

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: Acknowledgment 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

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. § 2103, 7101, 7302, 7502; 46 C.F.R. 10.211

PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) 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 USCG 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 USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information (including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC and any endorsement within the MMC.

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 Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509.

DISCLOSURE STATEMENT FOR NARCOTICS, DWI/DUI, AND/OR OTHER CONVICTIONS (OPTIONAL FORM CG-719C)

Section I: Applicant Information (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: Acknowledgment 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"/>
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SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)

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

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. §§ 2103, 7101, 7302, 7502; and 46 CFR Part 10.

PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC).

ROUTINE USES: Authorized U.S. Coast Guard (USCG) officials will use this information to determine if an applicant meets the qualifications to be issued a MMC, any endorsement within the MMC, or a medical certificate. Additionally, the USCG will use this information to maintain and update merchant mariner transactions. Any external disclosures of information within this record will be made in accordance with DHS/USCG-030, Merchant Seamen's Records, 76 Federal Register 66933 (June 25, 2009).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Providing this information is voluntary (including your Social Security number (SSN)). However, failure to provide this information may result in the non-issuance of the MMC.

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

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

Vessel Name	Official number(s) listed on the registration, certificate, or document
<input type="text"/>	<input type="text"/>

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

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

Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)
<input type="text"/>

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 (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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Street Address
<input type="text"/>

Email Address (Optional)

City

State

Zip Code

Phone

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

OMB No. 1625-0040
Exp. Date: 09/30/2028

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)

Date (MM/DD/YYYY)

X _____

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)

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)

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

- NEGATIVE
 CANCELLED or
 Positive, and/or refusal to test because of adulteration or substitution.
(Please complete the next block for all non-negative results)

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

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

MEDICAL REVIEW OFFICER AUTHORITY

Name Last First Middle

Name Last First Middle

Street Address

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

City State Zip Code

Name of MRO Qualifying Organization

Phone: _____

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 stationery 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 ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. §§ 2103, 7101, 7302, 7502; 46 CFR 10.209(h) and 16.101.

PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) 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 USCG 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 USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information (including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC, and any endorsement within the MMC.

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.