APPLICATION, FORMS and INSTRUCTIONS
for holders of Certificates of Completion from World Wide Marine Training

MARINER CREDENTIAL ASSISTANCE (MCA)
with a professionally trained assistance team.
Let World Wide Marine Training help you get started with the application process.

*We’ll review your application package for completeness and check for omissions that slow down your credential issuance. We’ll submit your application package electronically to the Charleston REC, saving time and money.*

➢ To World Wide Marine Training
(Call 866-249-2135 for details)

**FEE - Mariner Credential Assistance (MCA)**

- **$100 - REVIEW & SUBMIT APPLICATION PACKAGE.** We’ll review your application package for accuracy. We will electronically submit your application package to the Charleston REC.

*Note: Above fees do not include the USCG application evaluation & issuance fees.*

OR
If you are completing your application without the assistance of World Wide Marine Training

- Mail to a Regional Exam Center (REC)

**NOTE:** You no longer have to go in person to a Regional Exam Center (REC). The REC receives the application package, they check to see if it is complete, and forwards the application to evaluators at the National Maritime Center.

Do not ask REC staff about sea service, tonnage, or other “evaluation” questions. Call the National Maritime Center (NMC) at 888-427-5662.

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

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

For questions about your application call the National Maritime Center at 888-427-5662 or visit them at [www.uscg.mil/nmc/](http://www.uscg.mil/nmc/)

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

<table>
<thead>
<tr>
<th>Check When Complete</th>
<th>Forms and Documents (Accepted forms expire 2012)</th>
<th>OUPV (6-Pak)</th>
<th>Upgrades to Master</th>
<th>Able Seaman</th>
<th>Tow/Sail/STCW Endorsements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Application For Merchant Mariner Credential (MMC) Form CG-719B (page 4 of instructions)</td>
<td>Submit for Original &amp; Renewal</td>
<td>Submit for Original, Raise In Grade (RIG) &amp; Renewal</td>
<td>Submit for Original, Raise In Grade (RIG) &amp; Renewal</td>
<td>Submit for Original endorsement &amp; Renewals</td>
</tr>
<tr>
<td></td>
<td>Disclosure Statement for Convictions Form CG-719C (page 4 of instructions)</td>
<td>Submit if appropriate</td>
<td>Submit if appropriate</td>
<td>Submit if appropriate</td>
<td>Submit if appropriate</td>
</tr>
<tr>
<td></td>
<td>Oath for Original ONLY (page 4 of instructions)</td>
<td>Witnessed by Notary Public on Oath Form</td>
<td>Witnessed by Notary Public on Oath Form</td>
<td>Witnessed by Notary Public on Oath Form</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>Fees for Application Evaluation &amp; Issuance (PAY.GOV) (page 4-5 of instructions)</td>
<td>Original $100 for evaluation – $45 for issuance</td>
<td>Original or Raise In Grade (RIG) $100 for evaluation – $45 for issuance</td>
<td>$95 for evaluation – $45 for issuance</td>
<td>Varies with when and how you apply (call NMC)</td>
</tr>
<tr>
<td></td>
<td>Application For Merchant Mariner Medical Certificate (Physical) Form CG-719K (page 5 of instructions) - Not required if you hold a current Medical Certificate issued by the USCG.</td>
<td>Submit with Original &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>Application For Merchant Mariner Medical Certificate for ENTRY LEVEL RATINGS - CG-719KE (Page 5 of instructions)</td>
<td></td>
<td></td>
<td>Submit when applying for ORDINARY SEAMAN Only!</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drug Testing Form CG-719P (page 6-7 of instructions)</td>
<td>Submit with Original &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>TWIC - Transportation Workers Identified Card. Issued by tsa.gov. (page 7)</td>
<td>Submit copy of front &amp; back with application</td>
<td>Submit copy of front &amp; back with application</td>
<td>Submit copy of front &amp; back with application</td>
<td>Submit copy of front &amp; back with application</td>
</tr>
<tr>
<td></td>
<td>Copy of current credential.</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Sea Service Form CG-719S (pages 7-9 of instructions) (Copy of Proof of ownership required if your vessel)</td>
<td>Submit with Original &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Submit with Original, RIG &amp; Renewal</td>
<td>Submit with Original for Tow &amp; Sail only</td>
</tr>
<tr>
<td></td>
<td>STCW Assessments related to your credentials or rating (Master, Mate, AB, Engineer, etc.) (page 10 of instructions)</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Not Required</td>
<td>Submit with application for STCW Certificate only</td>
</tr>
<tr>
<td></td>
<td>First Aid and CPR Certificate (page 10 of instructions)</td>
<td>Submit copy with Original License</td>
<td>Submit copy with Original License</td>
<td>Not Required</td>
<td>Not Required</td>
</tr>
<tr>
<td></td>
<td>Certificate(s) of Completion from World Wide Marine Training</td>
<td>Submit copy with application</td>
<td>Submit copy with application</td>
<td>Submit copy with application</td>
<td>Submit copy with application</td>
</tr>
</tbody>
</table>

### APPLICATION CHECKLIST NOTES:

1. Applications are delayed due to incomplete information. Please don’t leave anything out.
2. The evaluation process takes +/- 4-6 weeks once a “complete” application is received.
3. Please do not rely on “hearsay” or “how it was done years ago.” Follow these instructions.
Each mariner seeking a License or Merchant Mariner Credential (MMC), including endorsements and renewals must complete an application form (CG-719B – Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner’s Document). There are NO EXCEPTIONS. A license, certification or certificate cannot be issued until the application has been approved by the Coast Guard. It is the responsibility of the applicant to prepare the application form properly and to submit all required attachments when applicable. **You are not required to appear at a Regional Exam Center (REC) in person during the application process.** You can mail your complete application to an REC and wait until it is processed or for a fee, mail or hand deliver (appointment required) to World Wide Marine Training for Mariner Credential Assistance (MCA) and we will review your package and electronically submit it to the Charleston REC.

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

**CONVICTION RECORD** – In Section III of the application form, the applicant must answer all questions related to DUI, drugs, etc. by marking each response. If the applicant should answer yes to any of these questions, The Conviction Disclosure Statement, CG-719C must be attached. The most important point here is to tell the truth on your application. A criminal record does not necessarily mean that you will be denied a license or certification. Each application will be evaluated on a case-by-case basis. The type, frequency and dates of past offenses are considered in whether you will be issued a license. However, failure to truthfully answer questions on the application will result in denial of the application and could lead to criminal prosecution for fraud. Link for fillable form CG-719C - http://www.uscg.mil/forms/cg/C_719C.pdf

**OATH - OUPV, Master and Able Seaman** - Your signature and the oath for an original license and original MMC application must be witnessed by a licensed Notary Public using the Merchant Mariner Oath Form or on Page 6 of the Application for Merchant Mariner Credential (MMC) Form CG-719B.

**FEES - OUPV, Master and Able Seaman** – The licensing and certification process for holders of Certificates of Completion from World Wide Marine Training involves two fees (evaluation and issuance).

**NO EXAMINATION FEE** is due to the Coast Guard if you have taken the appropriate course with World Wide Marine Training.

- **Using REC** – Checks should be made payable to the U.S. COAST GUARD. Temporary checks, money orders and travelers checks will not be accepted. You can pay by credit card or bank draft using www.pay.gov (include the receipt with your application package) or fill out the AUTHORIZATION FOR PAYMENT OF FEES THROUGH PAY.GOV and include with your application package.
• Using MCA at World Wide Marine Training – Fees to USCG for your Application Evaluation & Issuance must be paid using www.pay.gov (select Charleston REC at pay.gov). Provide World Wide Marine Training with a copy of your paid receipt OR fill out the AUTHORIZATION FOR PAYMENT OF FEES THROUGH PAY.GOV (form attached), provide your payment information and World Wide Marine Training will process your information using pay.gov and print the receipt.

<table>
<thead>
<tr>
<th>USCG EVALUATION FEES</th>
<th>USCG ISSUANCE FEES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUPV or Master Application - $100</td>
<td>OUPV or Master License - $45</td>
<td>$145.00</td>
</tr>
<tr>
<td>MMC Renewal Application- $50</td>
<td>Renewal License - $45</td>
<td>$ 95.00</td>
</tr>
<tr>
<td>Able Seaman &amp; OS Application - $95</td>
<td>Able Seaman &amp; OS Certification - $45</td>
<td>$140.00</td>
</tr>
</tbody>
</table>

(All other evaluation renewal fees call the National Maritime Center 1-888-427-5662)

MEDICAL EXAMINATION REPORT (PHYSICAL) FORM CG-719K – if applying for Able Seaman, OUPV or Master

If an applicant holds a current Medical Certificate issued by the USCG a physical is not required.

Each application for an original license must include an original physical examination report completed by a U.S. Licensed physician, physician's assistant or nurse practitioner within one year of the application. This report certifies that the applicant is in good health and has no physical impairment or medical condition that would render him or her incompetent to perform the ordinary duties required by the issued license (refer to NVIC 04-08 at National Maritime Website http://www.uscg.mil/nmc/medical/default.asp).

The Physical form can be found at: http://www.uscg.mil/forms/cg/cg_719k.pdf


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

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

VISION - Master or OUPV applicants must have corrected vision of at least 20/40 in one eye, with uncorrected vision no worse than 20/200 in one eye. An applicant having lost vision in one eye must wait six months before application and provide a statement of demonstrated ability on his or her medical examination. Applicants with uncorrected vision of up to 20/800 may be granted a waiver by the Coast Guard provided that the corrected vision meets the applicable standards set forth above. The color sense test must be determined to be satisfactory when tested by any of the methods listed on form CG-719K. (HRR PIP 4th Edition color test added to the list of accepted color vision tests 4/1/2010)

BLOOD PRESSURE - Applicants for an original license may not have blood pressure higher than 160/100. If higher, check it 3 days in a row in case it was a “one shot” high reading and document.
The periodic chemical testing requirements of 46 CFR 16.220 became effective on December 21, 1990. All applications requiring a physical examination (including request for original, license upgrades or renewals, or MMD endorsements) must be accompanied by proof that the applicant has passed a chemical test for dangerous drugs. All tests, except those done for active duty military personnel, must be done by laboratories certified by the Substance Abuse and Mental Health Services Administration (SAMHSA). The applicant must provide satisfactory evidence that he/she has passed a chemical test for dangerous drugs within six months of the date the application is submitted. Under 46 CFR 16, “passes a chemical test for dangerous drugs” means the result of a chemical test conducted in accordance with 49 CFR part 40 is reported as "negative" by a Medical Review Officer (MRO) in accordance with that part. REC personnel will not attempt to evaluate laboratory reports to determine whether the test was done in accordance with proper regulations. The following are acceptable forms of evidence that the REC will accept:

1. A completed drug test form CG-719-P signed by the Medical Review Officer (MRO) showing the applicant has passed a chemical test for dangerous drugs conducted in accordance with 49 CFR 40 within the previous six months (see instructions on form CG-719-P), or;

2. A letter from a Marine Employer on company stationery signed by a company official that administers the drug testing program, stating that the applicant has been subject to random drug testing as required by 46 CFR 16.230 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 or;

3. For Active Duty Military/ Military Sealift Command/N.O.A.A/Army Corps of Engineer members, a letter from the applicant's command, on command letterhead, attesting that the applicant has been subject to random drug testing for the past six months and has not failed any chemical drug test. Random testing letters are not acceptable for reserve military members since they are only subject to testing during monthly drills. However, if you are a reserve or active duty member and have passed a required chemical test for dangerous drugs within the previous six months, then you may submit a letter from your command stating this.

NOTE: Be careful to check with a local physician or hospital to see if they are a collection site for a SAMHSA (Substance Abuse and Mental Health Services Administration) approved laboratory. Test results from Non-SAMSHA labs are not acceptable. Only a DOT 5 Panel (SAMSHA 5 Panel) Test for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted. Go to http://www.samhsa.gov/workplace/drug-testing for a list of USCG Drug Testing Sites and certified labs or

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 the 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 5 panel drug test to complete your USCG license/MMC 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.
SOME DRUG TESTING FACILITIES IN NORTH CAROLINA

Absolute Assurance Drug Testing – 713 East Simmons Street, Goldsboro, NC - 919-735-0094
Absolute Assurance Drug Testing – 3417-C Trent Road, New Bern, NC - 252-241-4808
BlueArbor.com - Tesi Staffing & Employee Screening - www.bluearbor.com to find a location.
1512 Gum Branch Road, Jacksonville, NC 28540 - 910-938-7184
5413 Morton Road, New Bern, NC 28562 - 252-638-3036
5286-D Highway 70 West, Morehead City, NC 28557 - 252-247-1800
Shipyard Medical - 2632 Carolina Beach Road, Ste3, Wilmington, NC 28412 - 910-794-3939
G&G Drug Testing, LLC - 790 Cardinal Road, New Bern, NC 28560 - 252-514-2204 ($40.00-$45.00)

TWIC - Transportation Workers Identification Credential Card - If applying for OUPV, Master, Able Seaman, STCW Certificate or Endorsements. **NO** mariner credentials will be issued without confirmation that an applicant holds a TWIC card. Information to enroll for TWIC can be found at the link below:

http://www.uscg.mil/nmc/twic/default.asp

It’s important that when you enroll for your TWIC that your occupation be “MERCHANT MARINER”.

** If you are not required to renew your TWIC, check the box in Section III, on page 5 of 6, on the Application Form CG-719B**

LICENSE RENEWAL COURSE – This 2-day class is for the licensed mariner who **does not have the required 360 days of sea service in the last 5 years to renew their license.** The course covers renewal for OUPV and Masters of not more than 100-Tons for operations in the Great Lakes, Inland and Near Coastal areas.

SEA SERVICE – (from age 16 forward)

DOCUMENTATION OF SEA SERVICE - Vessel owners may attest to their own service on “Small Vessel Sea Service Forms” provided proof of ownership is attached. Proof of the applicant’s ownership may be shown by attaching a copy of the title, bill of sale, state registration or certificate of documentation to the sea-service form. In North Carolina, you may call 800-628-3773 for a transcript of vessels that you registered in NC. If someone other than the applicant owns the vessel, the owner, operator or master signature must be included at the bottom of the sea service form. If the applicant is not the owner, and the form is signed by the owner, operator or master, proof of ownership is not required. Proof of service on vessels over 200 gross registered tons may come from employers in various formats. The evidence produced by the applicant must be original documents containing the amount and nature of their experience. At a minimum, the organization or employer’s letter or form **MUST INCLUDE** the following:

1. Name and documentation/official number of each vessel on which the service was obtained (search by vessel name for documentation number - http://www.st.nmfs.noaa.gov/st1/CoastGuard/index.html
2. Vessels gross tonnage, shaft horsepower and type of propulsion.
3. Number of days underway on each vessel including the dates the service was obtained.
4. Number of days spent in each type of route (Ocean, Near Coastal, Inland, specific river or lake, etc.).
5. Minimum 4 hrs per day for OUPV and Master – Minimum 8 hours per day for Able Seaman.
6. Average number of hours worked per day.
7. A brief description of duties or work performed.
• **REQUIRED NUMBER OF DAYS SEA SERVICE FOR OUPV AND MASTER** – For licenses up to 100 gross registered tons (GRT) a “day” is defined as a minimum of 4 hours of watch standing or work day on motorized vessels, not including overtime (four hours to 24 hours count as one day). Personal watercraft (wave runner/jet ski) and sailboats without motors cannot be used for sea service.

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

<table>
<thead>
<tr>
<th></th>
<th>NEAR COASTAL</th>
<th>GREAT LAKES</th>
<th>INLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>OUPV (6-Pack)</td>
<td>360</td>
<td>360</td>
<td>360</td>
</tr>
<tr>
<td>(90 must be offshore)</td>
<td>(90 days on Great Lakes)</td>
<td>(90 days on Great Lakes)</td>
<td></td>
</tr>
<tr>
<td>Master 25-100 GRT *</td>
<td>720</td>
<td>360</td>
<td>360</td>
</tr>
<tr>
<td>(CFR 46 11.422)</td>
<td>(360 must be offshore)</td>
<td>(90 days on Great Lakes)</td>
<td></td>
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</tbody>
</table>

* You can find the tonnage requirements at [www.uscg.mil/nmc](http://www.uscg.mil/nmc), Checklists, National Officer Endorsements (licensed) for Deck. Choose Master of Self-Propelled Vessels less Than 100 GRT for Great Lakes &/or Inland or Near Coastal waters from the drop down menu depending on what you are applying for.

**RECENTY** - This requirement does **not apply** to Able Seaman applications. It pertains to captains licenses only. The applicant for any original license or raise of grade of a license must have at least 90 days qualifying service within the three years immediately preceding the date of application.

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

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

<table>
<thead>
<tr>
<th></th>
<th>SPECIAL</th>
<th>LIMITED</th>
<th>UNLIMITED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>360 *</td>
<td>540 **</td>
<td>1,080 ***</td>
</tr>
</tbody>
</table>

* Sea service may be on power-driven vessels operating on oceans or the navigable waters of the United States, including the Great Lakes, provided that the work qualifies as “service on deck.” “Service on deck” is defined as "service in the deck department doing work usually performed onboard vessels by AB's and may include service on fishing, fish processing, fish tender vessels and on public vessels of the US." Sea service that is other than “Service on Deck” counts for one day for every four days of actual sea service (engineering, etc). Sport fishing, water skiing, sight seeing, etc. does not qualify.
** Sea Service must be on vessels over 100 gross registered tons not exclusively confined to rivers and smaller inland lakes of the United States.

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

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

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

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

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

Military personnel who have been separated from active duty may obtain these records by completing a Request Pertaining to Military Records (Form SF-180). The links can be found on this brochure at http://www.uscg.mil/nmc/about_us/brochures/Military_Brochure.pdf.

Military sea service for a captain’s license is credited at a rate of 60% of the time assigned to a vessel provided the applicant was directly involved in the navigation of the vessel (helmsman, lookout and other bridge watches). 25% of sea service that does not involve navigation may be used toward an able seaman certification (60% x 25% = 15%). Service on submarines is normally creditable towards a deck license, however at least 25% of the required sea time must be on a surface vessel. Foreign sea service should include any necessary translation into English.

FOREIGN CITIZENSHIP – Persons with foreign citizenship can obtain an OUPV (6-Pak) License, Able Seaman Certification, or STCW Certificate.
**BASIC TRAINING CERTIFICATES** (Formally STCW-95 Basic Safety Training). The Basic Training course consists of 4 modules; Elementary First Aid, Basic Fire Fighting, Personal Safety & Social Responsibility and Personal Survival Techniques. (You can attach your STCW Basic Training Certificates to an Ordinary Seaman.)

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

All applicants for original **OUPV** and **MASTERS** license must present a photocopy of original certificate indicating completion of an USCG approved First Aid Course, taken within twelve months of application submission date, and a valid CPR (cardiopulmonary resuscitation) card:

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

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

**Captain Jim Holley, Certified First Aid and CPR Instructor** - Captain Jim Holley is a member of P.A.D.I. He offers the “Emergency First Response” course on Tuesday or Thursday evening the week of our OUPV course at each of our regularly scheduled North Carolina locations.

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

If you cannot make one our scheduled First Aid/CPR Classes, contact Captain Jim Holley at 252-249-7260 or capt jim@graystrokes.com to schedule a class with him.

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10
--- 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

1.1 Legal Name - Enter complete legal name. Include any aliases you have used and your maiden or prior name(s).
1.2a Social Security Number - If you are applying for an original credential, enter your SSN.
1.2b Reference Number - If you have been credentialed by the Coast Guard in the past, enter your reference number.
1.2c Alien Registration Number - If you are a legal alien, also enter your alien registration number (ARN).
1.3 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.
1.4 Citizen - If not a U.S. citizen, please indicate country of nationality.
1.5a-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 MMC is unable to contact you, it could cause delays in processing your application.)

1.6a Home Address - Principle place of residence. PO Box is NOT acceptable.
1.6b 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.
1.6c Primary Phone Number - Provide a primary phone number.
1.6d Alternate Phone Number - Provide an alternate phone number if available.
1.6e E-mail Address - The MMC may attempt to contact you via e-mail. You will receive automated e-mail updates regarding the status of your application.
1.6f 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)

1.7a Next of Kin/Emergency Contact - Name & Mailing Address, City, State, Zip Code
1.7b Relationship - Provide relationship status to next of kin listed on application. (i.e. Mother, Father, Spouse)
1.7c Primary Phone Number - Phone number to contact the person listed in the event of an emergency.
1.7d Alternate Phone Number - Provide a cellular phone number, if available.
1.7e 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 had 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 adminster 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:

<table>
<thead>
<tr>
<th>Endorsement Categories and Transaction Types</th>
<th>Original Entry Level Rating Endorsement</th>
<th>Qualified Original Rating Endorsement</th>
<th>Original Officer Endorsement</th>
<th>Renewal</th>
<th>Duplicate</th>
<th>Raise of Grade/New Endorsement</th>
<th>USRP Endorsement (see note)</th>
<th>Doc. Of Continuity</th>
<th>Certificate of Registry (Original)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The following attachments are required for transactions to the right.</td>
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<tr>
<td>Statement of Loss (Duplicate) 46 CFR 10.229(a)</td>
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<td>✔</td>
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<td>User Fees: Copy of Receipt from <a href="http://www.pay.gov">www.pay.gov</a> 46 CFR 10.219(a)</td>
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<td>Oath (For original only) 46 CFR 10.225(c)</td>
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<tr>
<td>Complete Physical CG 719K/E (Last 12 Months, Entry Level Applicants Only) 46 CFR 10.215</td>
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<tr>
<td>Copy of All Current Credential(s)</td>
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<td>Sea Service 46 CFR Parts 10, 11, 12 and 13</td>
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<td>Notarized Statement from Legal Guardian for Applicants &lt; 18 YOA 46 CFR 11.201(e)</td>
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</tbody>
</table>

* 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 (inl 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-WMM-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
**Section I: Personal Data**

1. **Legal Name:**
   - Last: 
   - First: 
   - Middle: 
   - 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: 
   - City: 
   - State: 
   - Zip Code: 

6b. **Delivery/Mailing Address, if different (PO Box acceptable):**
   - Street Address: 
   - City: 
   - State: 
   - Zip Code: 

6c. **Primary Phone Number:**

6d. **Alternate Phone Number:**

6e. **E-mail Address:**

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: 

7b. **Relationship (Optional):**

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

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

7e. **E-mail Address (Optional):**

**Section II: Requested Coast Guard Credential(s)**

**Credential or Endorsement Type(s) Requested:**

<table>
<thead>
<tr>
<th>Endorsement Category</th>
<th>Original</th>
<th>Renewal</th>
<th>Duplicate</th>
<th>Raise of Grade, New Endorsement or Increase in Scope</th>
<th>Certificate of Registry</th>
<th>Document of Continuity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Officer</td>
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<tr>
<td>Qualified Rating</td>
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<tr>
<td>STCW</td>
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</tbody>
</table>

**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; DEE/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/actor 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 seafarers 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 seafarer 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.

   □ 4a. Safety and Suitability
   Name of Organization or Third Party

   Organization Point of Contact (if applicable)

   Street Address

   City  State  Zip Code

   Phone Number

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

<table>
<thead>
<tr>
<th>6. Applicant's Signature</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
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</table>

<table>
<thead>
<tr>
<th>Signature of an individual authorized to administer the Oath</th>
</tr>
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<tbody>
<tr>
<td><strong>X</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

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**PRIVACY ACT STATEMENT**


**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.
**** 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) Forgo 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 ---


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.
DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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)

2. Reference Number

3. Social Security Number (000-00-0000)

4. Date of Birth (MM/DD/YYYY)

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)

CONVICTION DETAILS

CONVICTION 1

<table>
<thead>
<tr>
<th>a. Convicted of</th>
<th>b. City</th>
<th>c. State/Country</th>
<th>d. Date (MM/DD/YYYY)</th>
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</tbody>
</table>

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.)

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<tr>
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CONVICTION 2

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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)

CG-719C (01/14)
Merchant Mariner Oath
46 USC

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

Name (Printed) ____________________________ Signature __________________________ Date ________________

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

Subscribed and affirmed before me in the county of ________________________________.
State of ___________________________, this _______ day of ____________, ______.

__________________________
(Notary’s official signature)

__________________________
(Commission expiration date)
WWW.PAY.GOV

WELCOME TO PAY.GOV:

COMMON PAYMENTS - UNITED STATES COAST GUARD:
   Click: USCG Merchant Mariner User Fee Payment

USCG MERCHANT MARINER USER FEE PAYMENT:
   Click: Continue to Form
   Definitions: Click: Continue
   Payment Information: Fill In:
      1. First Name, Middle Name, Last Name
      2. Address
      3. City, State, Zip Code
      4. Telephone Number, Social Security Number (no dashes)
      5. Company Name (if applicable)
      6. Please select where you will or have sent your application
         (If using World Wide Marine Training Mariner Credential Assistance choose Charleston REC).
   Evaluation Fees: (Select One)
      Check the appropriate fee for what you’re applying:
         Original license $100 ~ Able Seaman & Entry Level $95.00;
         Adding endorsement is considered a modification of scope $50;
         Renewal $50 – Click: CONTINUE
   NO EXAMINATION FEE
   Issuance Fee: Check $45.00 – Click: CONTINUE
   Review Fees - Click: CONTINUE
      Choose one: Bank Account or Debit or credit card - Click: NEXT
      Fill in payment information - Click: REVIEW AND SUBMIT PAYMENT
   Review your charges:
      Check box if you want an e-mail confirmation (will ask you to fill in e-mail address)
      Check box - I authorize a charge to my credit card….Click: SUBMIT PAYMENT
   Click: PRINT RECEIPT

Updated: 10/31/2014
----- Instructions -----  

Remove instructions before submitting Application

Who must submit this form?

Entry level rating applicants seeking a Medical Certificate are required to complete this form and submit it to the U.S. Coast Guard. Guidance for required submission of this form can be found at the National Maritime Center website (http://www.uscg.mil/nmc/medical/default.asp).

Section I: Applicant Information - To be completed by the Applicant

- Legal Name - Enter complete legal name.
- Reference Number - If you have been credentialed by the Coast Guard in the past, enter your reference number.
- 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.
- Gender - Enter your legal gender.
- Home Address - Principle place of residence. PO Box is not acceptable.
- Delivery/Mailing Address - The address to which you want all correspondence and issued certificates sent. If blank, correspondence and credentials will be sent to the Home Address.
- Primary Phone Number - Provide a primary phone number.
- Alternate Phone Number - Provide an alternate phone number (optional).
- E-mail Address - The National Maritime Center (NMC) may attempt to contact you via e-mail. You will receive automated updates regarding the status of your application (optional).
- Other - Please provide additional means of communicating with you (satellite phone, work phone, etc.) (optional).

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

Self-explanatory

Section III: Physical Information - To be completed by the Medical Practitioner

Self-explanatory

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

Title 46 of the Code of Federal Regulations (CFR) requires that ratings, including entry level, and food handler serving on vessels to which STCW applies must provide a demonstration of physical ability. 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 firefighting 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). Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigation and Vessel Inspection Circular (NVIC) 04-08. Additional information is also available at the National Maritime Center (NMC) website at: http://www.uscg.mil/nmc/medical.asp. Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404, 1-888-IASKNMC (1-888-427-6562).
### Section IV: Demonstration of Physical Ability - (continued)

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

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

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

The Medical Practitioner shall complete this section for all applicants requiring Food Handler Certification. The Medical Practitioner need not perform any additional laboratory testing unless it is deemed clinically necessary. Applicants and currently employed food workers should report information about their health as it relates to diseases that are transmissible through food. The following issues should be considered by the Medical Practitioner when certifying an applicant:

a. The applicant reports they have been diagnosed with an illness due to organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.

b. The applicant reports they have at least one symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or sore throat with fever.

c. The applicant reports they have a lesion containing pus, such as a boil or infected wound, which is open or draining and is on hands or wrists or on exposed portions of the arms.

d. The applicant reports they have had Salmonella Typhi within the past three months, Shigella spp. within the past month, Shiga toxin producing Escherichia coli within the past month, or Hepatitis A virus ever.

e. The applicant reports they are suspected of causing or being exposed to a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc. This would include outbreaks associated with events such as a family meal, church supper, or festival because the employee ate food implicated in the outbreak, or ate food at the event prepared by a person who is infected or who is suspected of being a shedder of the infectious agent.

f. The applicant reports they live in the same household as, and have knowledge about, a person who is diagnosed with organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.

g. The applicant reports they live in the same household as, and have knowledge about, a person who attends or works in a setting where there is a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
Section I: Applicant Information - To be completed by the Applicant

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

Reference Number (if applicable)
Gender:
Date of Birth (MM/DD/YYYY)

[ ] Male
[ ] Female

Please indicate best method(s) of contact by checking the appropriate box(es). Optional if information is same as most recent CG-719B.

Home Address (PO Box NOT acceptable)

Street Address

[ ] Primary Phone Number

City
State
Zip Code

[ ] Alternate Phone Number

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

City
State
Zip Code

[ ] E-mail Address

[ ] Other

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

My signature below attests, subject to prosecution under 18 USC 1001, that all information provided by me on this form is complete and true to the best of my knowledge. I have also read and understand the Privacy Act Statement that accompanies this form.

Signature of Applicant

Date (MM/DD/YYYY)

Section III: Physical Information - To be completed by the Medical Practitioner

Height (inches Only)
Weight (lbs)
Body Mass Index (BMI)

Distinguishing Marks: (Please Print)

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

An applicant for an Entry Level Rating [ordinary seaman, wiper, or steward’s department (food handler)] serving on vessels to which STCW applies is not required to complete a physical examination, but must provide a demonstration of physical ability as described in Section IV of the Instructions.

Place an X in the appropriate block below:

[ ] Applicant has the physical strength, agility, and flexibility to perform all of the items in the instruction table.

Comments (Please Print)

[ ] Applicant does NOT have the physical strength, agility, and flexibility to perform all of the items in the instruction table.

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

If Food Handler Certificate is sought by the applicant, is applicant free from communicable disease:

[ ] Yes
[ ] No
Medical Practitioner:
This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the medical practitioner is true and correct to the best of his/her knowledge and that the medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>License Number</th>
<th>State</th>
</tr>
</thead>
</table>

Signature                      Date (MM/DD/YYYY)

MD/DO [ ] PA [ ] NP [ ]

Street Address

City                                    State                                    Zip Code

Phone Number:

(Place office address stamp here)

PRIVACY ACT STATEMENT


**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 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 form is 10 minutes. You may submit any comments concerning the accuracy of this burden or any suggestions for reducing the burden to the National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404.
DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

APPLICATION FOR MERCHANT MARINER MEDICAL CERTIFICATE

----- Instructions ----- 
Remove instructions before submitting Application

Who must submit this form?

Applicants seeking a Medical Certificate are required to complete this form and submit it to the U.S. Coast Guard. Applicants seeking a raise-in-grade are required to submit this form if a previous medical evaluation report has not been submitted within the last 3 years. Guidance for required submission of this form can be found at the National Maritime Center website (http://www.uscg.mil/nmc/medical/default.asp).

The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
- Are of sound health.
- Have no physical limitations that would hinder or prevent performance of duties (see below).
- Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.

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

- Legal Name - Enter complete legal name.
- 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.
- Reference Number - If you have been credentialed by the Coast Guard in the past, enter your reference number.
- Gender - Enter your legal gender.
- Home Address - Principle place of residence. PO Box is not acceptable.
- Delivery/Mailing Address - The address to which you want all correspondence and issued certificates sent. If blank, correspondence and credentials will be sent to the Home Address.
- Primary Phone Number - Provide a primary phone number.
- Alternate Phone Number - Provide an alternate phone number (optional).
- E-mail Address - The National Maritime Center (NMC) may attempt to contact you via e-mail. You will receive automated updates regarding the status of your application (optional).
- Other - Please provide additional means of communicating with you (satellite phone, work phone, etc.) (optional).
- Application Type - Self-explanatory.

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

Conditions 1 - 34 - Applicants must report their relevant medical conditions to the best of their knowledge, and the Medical Practitioner must verify the medical conditions. Check "YES" if the applicant has had a previous diagnosis or treatment of the condition by a health care provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment. If the Medical Practitioner, or any other health care provider to the satisfaction of the medical practitioner, discovers a condition not reported by the applicant, he/she must check "YES" in the appropriate block and explain in the comments.

Comments - The Medical Practitioner must address all reported conditions in this section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis, the treatment, and any additional information as appropriate, referring to the evaluation data listed at the National Maritime Center (NMC) website http://www.uscg.mil/nmc/medical/default.asp. Additional sheets may be added by the applicant and/or the medical practitioner if needed to complete this section of the form. Include applicant's name and DOB on each additional sheet. Supporting medical documentation and testing for all identified conditions potentially requiring further review should be submitted with each application as per the guidelines found on the NMC website http://www.uscg.mil/nmc/medical/default.asp. Detailed guidelines on medical conditions subject to further review can be found on the NMC website. Medical practitioners should be familiar with the guidelines contained within this document. Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials can be downloaded from the NMC website or by calling the NMC at 1-888-IASKNMC (1-888-427-5662).

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

Review by the Medical Practitioner - Verification of medications includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.

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

The Medical Practitioner is not required to perform or witness every examination, test, or demonstration. These may be referred to other qualified practitioners such as audiologists or optometrists; however, they must be reviewed to the satisfaction of the Medical Practitioner.

All examinations, tests and demonstrations must be performed, witnessed, or reviewed by a physician (Medical Doctor [MD], or Doctor of Osteopathy [DO]), or nurse practitioner, or a certified physician assistant licensed by a state in the U.S., a U.S. possession, or a U.S. territory. The Medical Practitioner who performs the examination must review Sections II and III of this form.
# Section VI: Physical Examination - Items 1-17; To be completed by the Medical Practitioner

Self-explanatory

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

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

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<td>Step over high doorsills and coamings, and move through restricted accesses</td>
<td>Is able, without assistance, to step over a doorsill or coaming of 24 inches (600 millimeters) in height. Able to move through a restricted opening of 24 x 24 inches</td>
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<td>Open and close watertight doors, hand cranking systems, open/close valve</td>
<td>Manipulate mechanical devices using manual and digital dexterity, and strength</td>
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<td>Crouch (lowering height by bending knees); kneel (placing knees on ground); stoop (lowering height by bending at the waist); use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers</td>
<td>Is able, without assistance, to grasp, lift, and manipulate various common shipboard tools</td>
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<td>Crawl (ability to move body using hands and knees); feel (ability to handle or touch to examine or determine differences in texture and temperature)</td>
<td>Is able, without assistance, to distinguish differences in texture and temperature by feel</td>
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<tr>
<td>Stand a routine watch</td>
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<td>Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods</td>
</tr>
<tr>
<td>React to visual alarms and instructions, emergency response procedures</td>
<td>Distinguish an object or shape at a certain distance</td>
<td>Fulfills the eyesight standards for the merchant mariner credential applied for (see <a href="http://www.uscg.mil/nmc">www.uscg.mil/nmc</a> for more info)</td>
</tr>
<tr>
<td>React to audible alarms and instructions, emergency response procedures</td>
<td>Hear a specified decibel (dB) sound at a specified frequency</td>
<td>Fulfills the hearing standards for the merchant mariner credential applied for</td>
</tr>
<tr>
<td>Make verbal reports or call attention to suspicious or emergency conditions</td>
<td>Describe immediate surroundings and activities, and pronounce words clearly</td>
<td>Is capable of normal conversation</td>
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<td>Participate in fire fighting activities</td>
<td>Be able to carry and handle fire hoses and fire extinguishers</td>
<td>Is able, without assistance, to pull an uncharged 1.5 inch diameter, 50' fire hose with nozzle to full extension, and to lift a charged 1.5 inch diameter fire hose to fire fighting position</td>
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<td>Abandon ship</td>
<td>Use survival equipment</td>
<td>Has the agility, strength, and range of motion to put on a personal flotation device and exposure suit without assistance from another individual</td>
</tr>
</tbody>
</table>

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

The Medical Practitioner shall complete Section VIII for all applicants requiring Food Handler Certification. The Medical Practitioner need not perform any additional laboratory testing unless it is deemed clinically necessary. Applicants and currently employed food workers should report information about their health as it relates to diseases that are transmissible through food. The following issues should be considered by the Medical Practitioner when certifying an applicant:

a. The applicant reports they have been diagnosed with an illness due to organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.

b. The applicant reports they have at least one symptom caused by illness, infection, or other source that is associated with an acute gastrointestinal illness such as diarrhea, fever, vomiting, jaundice, or sore throat with fever.

c. The applicant reports they have a lesion containing pus, such as a boil or infected wound, which is open or draining and is on hands or wrists or on exposed portions of the arms.

d. The applicant reports they have had Salmonella Typhi within the past three months, Shigella spp. within the past month, Shiga-toxin-producing Escherichia coli within the past month, or Hepatitis A virus ever.

e. The applicant reports they are suspected of causing or being exposed to a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc. This would include outbreaks associated with events such as a family meal, church supper, or festival because the employee ate food implicated in the outbreak, or ate food at the event prepared by a person who is infected or who is suspected of being a shedder of the infectious agent.

f. The applicant reports they live in the same household as, and have knowledge about, a person who is diagnosed with organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.

g. The applicant reports they live in the same household as, and have knowledge about, a person who attends or works in a setting where there is a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
Section IX: Summary - To be completed by the Medical Practitioner

Proof of Identity

a. Applicants shall present acceptable proof of identity to the Medical Practitioner conducting examinations.

b. Proof of identity shall consist of one current form of valid government issued photo identification.

c. The following credentials are examples of acceptable proof of identity: Unexpired official identification issued by a Federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver’s license, U.S. military ID card, Merchant Mariner’s Document/merchant Mariner Credential, or Transportation Worker Identification Credential.

Overall fitness recommendation: The Medical Practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner’s status rests with the U.S. Coast Guard.

Medical Practitioner: Certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed to the satisfaction of the Medical Practitioner. The Medical Practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the medical practitioner is true and correct to the best of his/her knowledge and that the medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

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

Self-explanatory

PRIVACY ACT STATEMENT


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.
DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

APPLICATION FOR MERCHANT MARINER MEDICAL CERTIFICATE

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

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Suffix (Jr., Sr., III)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Reference Number (if applicable)</th>
<th>Gender:</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
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</table>

Please indicate best method(s) of contact by checking the appropriate box(es). Optional if information is same as most recent CG-719B.

Home Address (PO Box NOT acceptable)  
Street Address

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Primary Phone Number</th>
</tr>
</thead>
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</table>

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

<table>
<thead>
<tr>
<th>Street Address</th>
<th>Alternate Phone Number</th>
<th>E-mail Address</th>
</tr>
</thead>
<tbody>
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<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Other</th>
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</table>

Application Type:  
Medical Certificate  
First Class Pilot

I have a medical waiver: Yes  
No  
If YES, provide a copy of the medical waiver to the Medical Practitioner.

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

To the best of your knowledge, have you ever had, required treatment for, or do you presently have any of the following conditions?

Yes No 1. Eye/vision problems except glasses

Yes No 2. Ear/nose/throat problems or other ENT problems/surgery

Yes No 3. High or low blood pressure

Yes No 4. Heart or vascular disease of any kind

Yes No 5. Heart surgery and/or implanted devices (pacemaker, defibrillator, etc.)

Yes No 6. Lung disease of any type (asthma, bronchitis, emphysema, etc.)

Yes No 7. Any blood disorder (anemia, hemophilia, blood clots, polycythemia, etc.)

Yes No 8. Diabetes, glucose intolerance, or sugar in urine

Yes No 9. Thyroid problem

Yes No 10. Stomach, liver, or intestinal disorder

Yes No 11. Kidney problems/stones or blood in urine

Yes No 12. Any other urinary or bladder problems not listed above

Yes No 13. Skin disorder or problem

Yes No 14. Allergies or allergic reactions to any substance, medication, or food.

Yes No 15. Infectious/contagious disease

Yes No 16. Any sleep problems: obstructive sleep apnea, restless leg syndrome, narcolepsy, shift work sleep disorder, insomnia, etc.

Yes No 17. Epilepsy, fits, or seizures

Yes No 18. Loss of consciousness or memory

Yes No 19. Frequent or severe headaches

Yes No 20. Dizziness/fainting spells/balance problems

Yes No 21. Frequent motion sickness requiring medication

Yes No 22. Stroke or Transient Ischemic Attack (TIA), brain tumor or other brain disorder

Yes No 23. Any neurologic disorder or nerve problems including numbness and/or paralysis, not listed above

Yes No 24. Attention deficit disorder with or without hyperactivity

Yes No 25. Anxiety, depression, bipolar disorder, adjustment disorder, PTSD, or schizophrenia

Yes No 26. Suicide attempt or thought (ideation) of suicide

Yes No 27. Evaluation, treatment, or hospitalization for alcohol or substance use, abuse, addiction, or dependence (including illegal drugs, prescription medications, or other substances)

Yes No 28. Any other psychiatric disorder, mental health evaluation/hospitalization

Yes No 29. Back pain, joint problems, or orthopedic surgery

Yes No 30. Amputation, prosthesis, or use of ambulatory devices (cane, walker, braces, etc.)

Yes No 31. Fractures, recurrent dislocations or limitation of motion of any joint

Yes No 32. Have you ever been signed off as sick or repatriated for medical reasons within the last six years?

Yes No 33. Any diseases, surgeries, cancers, illnesses, or disabilities not listed on this form?

Yes No 34. Any hospital admissions within the last six years not listed elsewhere in this Section?
### Section II(b): Medical Conditions - To be completed by the Medical Practitioner

**Instructions:** For each "YES" answer, identify the item numbers, the condition/diagnosis, date of onset or diagnosis, any treatment required or received, the current status of the condition, and any limitations due to the condition. As applicable, attach supporting documentation to verify findings. Additional sheets may be added as needed being sure applicant name and date of birth appear on each additional sheet.

<table>
<thead>
<tr>
<th>Number</th>
<th>Additional Information (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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

Applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled, and/or taken within 30 days prior to the date that the applicant signs the CG-719K. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items: (1) Report all medications (prescription and non-prescription), dietary supplements, and vitamins. (2) Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

Additional sheets may be added by the applicant and/or medical practitioner if needed to complete this section (**include applicant name and date of birth on each additional sheet**).

If none, check "NONE"  □ NONE

**Applicant (Please Print)**

**Medical Practitioner (Please Print)**
### Section IV: Vision

The Medical Practitioner must indicate test used and results (number of errors). Additional information must be reported in Section VII. Color sensing lenses (e.g., X-Chrome) are prohibited.

#### a. Visual Acuity

<table>
<thead>
<tr>
<th>Field of Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>This applicant must have a 100-degree horizontal field of vision.</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Abnormal</td>
</tr>
</tbody>
</table>

#### b. Color Vision (check one)

- [ ] AOC (1965) - (6 or fewer errors on plates 1-15)
- [ ] AOC-HRR (2nd Edition) - (No errors in test plates 7-11)
- [ ] HRR PIP (4th Edition) - (No errors in test plates 5-10)
- [ ] Richmond (2nd and 4th Edition) - (6 or fewer errors)
- [ ] Titmus Vision Tester/OPTEC 2000 - (No errors on 6 plates)
- [ ] OPTEC 900 (colored lights) Test per instruction booklet
- [ ] Farnsworth D-15 Hue Test (attach test results) (Engineer/radio officer/tankerman/MODU only)
- [ ] Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors)
- [ ] Ishihara pseudoisochromatic plates test, 24 plate (6 or less errors)
- [ ] Ishihara pseudoisochromatic plates test, 38 plate (8 or less errors)
- [ ] Farnsworth Lantern (colored lights) Test per instruction booklet
- [ ] Dvorine pseudoisochromatic 15 plate test (6 or less errors)
- [ ] An alternative test approved by the Coast Guard (Indicate test)

### Color Vision Testing Results:

- [ ] Passed
- [ ] Failed

#### Number of Errors: __________

If color vision test is failed, can the Applicant distinguish red, green, blue, and yellow:  
- [ ] Yes
- [ ] No

### Section V: Hearing

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

- [ ] Normal Hearing
- [ ] Abnormal Hearing
- [ ] Hearing Aid Required

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

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

(c) Refer to Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials from the NMC website (http://www.uscg.mil/nmc/medical/default.asp) for further guidance. Report any additional information or comments in Section VII.

### Audimeter Threshold Value

<table>
<thead>
<tr>
<th>500Hz</th>
<th>1,000Hz</th>
<th>2,000Hz</th>
<th>3,000Hz</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear (Unaided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear (Unaided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Ear (Aided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear (Aided)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

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

- Right Ear (Unaided): ______ %
- Left Ear (Unaided): ______ %
- Right Ear (Aided): ______ %
- Left Ear (Aided): ______ %
**Section VI: Physical Examination - Items 1-17 of this section must be completed by the Medical Practitioner.**

<table>
<thead>
<tr>
<th>Height (inches only):</th>
<th>Weight (lbs):</th>
<th>Body Mass Index (BMI):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(For BMI &gt; 40 refer to Section VII)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pulse Resting:</th>
<th>Initial Blood Pressure:</th>
<th>Repeat Blood Pressure (if needed):</th>
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<tbody>
<tr>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Item</th>
<th>Additional Medical Comments</th>
<th>Item</th>
<th>Additional Information (Please Print)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Head, Face, Neck, Scalp</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Eyes/Pupils/EOM</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Mouth and Throat</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Ears/Drums</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
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<tr>
<td>5.</td>
<td>Lungs and Chest</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Heart</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
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<tr>
<td>7.</td>
<td>Abdomen</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
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<tr>
<td>8.</td>
<td>Upper/Lower Extremities</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
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<tr>
<td>9.</td>
<td>Spine/Musculoskeletal</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
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<tr>
<td>10.</td>
<td>Skin</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
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<tr>
<td>11.</td>
<td>Lymphatic</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
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<tr>
<td>12.</td>
<td>Neurologic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
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<tr>
<td>13.</td>
<td>Vascular System</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
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<tr>
<td>14.</td>
<td>Genitourinary System</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
<td></td>
<td></td>
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<tr>
<td>15.</td>
<td>General/Systemic</td>
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<tr>
<td></td>
<td>[ ] Normal [ ] Abnormal</td>
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<tr>
<td>16.</td>
<td>Hernia</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
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<tr>
<td>17.</td>
<td>Missing Extremities/Digit</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>[ ] Yes [ ] No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CG-719K (01/14) Previous Editions Obsolete**

Applicant Name: (Last, First, M.I.)  Date of Birth: (MM/DD/YYYY)  Page 4 of 5
Section VII: Demonstration of Physical Ability - To be completed by the Medical Practitioner

1. The Medical Practitioner shall require that the applicant demonstrate the ability to meet the guidelines contained within Section VII of the CG-719K instructions. This does not mean, for example, that the applicant must actually don an exposure suit, pull an unchanged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to firefighting position. Rather, the Medical Practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in the Comments section provided below.

2. All practical demonstrations should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and any other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).

3. If the Medical Practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, check the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials (http://www.uscg.mil/nmc/medical/default.asp).

4. If the applicant is unable to perform any of the following functions, the Medical Practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Comments section provided below.

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

   COMMENTS: (Please Print)

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

If Food Handler Certificate is sought by the applicant, is applicant free from communicable disease: □ Yes □ No

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

Applicant proof of identity provided: □ Yes □ No

Overall fitness recommendation: □ Fit for Duty □ Not Fit for Duty □ Needs Further Review

Comments: (Please Print)

Medical Practitioner:

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

Last Name
First Name
M.I.
License Number
State

Signature
Date (MM/DD/YYYY)

MD/DO □ PA □ NP □
Office Street Address

City
State
Zip Code

Phone Number

(Place office address stamp here)

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

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

Signature of Applicant

Date (MM/DD/YYYY)

CG-719K (01/14)
Previous Editions Obsolete
Applicant Name: (Last, First, M.I.)
Date of Birth: (MM/DD/YYYY)
DRUG TEST REQUIREMENTS FOR LICENSE AND/OR MERCHANT MARINER DOCUMENT ISSUANCE

FINDING A TEST SITE:

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

THINGS TO LOOK FOR:

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

AFTER TAKING THE TEST OR HAVING THE SPECIMEN COLLECTED:

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

FOR QUESTIONS, PLEASE CONTACT YOUR LOCAL REGIONAL EXAMINATION CENTER

MLD-FM-REC-101(04)
DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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.

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle</th>
<th>Reference Number (if applicable)</th>
<th>Social Security Number</th>
</tr>
</thead>
</table>

Signature of Applicant

X

Date (MM/DD/YYYY)

Section II: Name of SAMHSA Accredited Laboratory

<table>
<thead>
<tr>
<th>Name</th>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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)

- [ ] 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). (Please print)

This specimen is verified POSITIVE for


This specimen was identified as being SUBSTITUTED or containing the 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.

<table>
<thead>
<tr>
<th>MEDICAL REVIEW OFFICER CONTACT INFORMATION</th>
<th>MEDICAL REVIEW OFFICER AUTHORITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name Last</td>
<td>First</td>
</tr>
<tr>
<td>-----------</td>
<td>-------</td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

CG-719P (01/14) Page 1 of 2
**DOT/USCG PERIODIC DRUG TESTING FORM**

**REQUIREMENTS**
- A drug test is required for all transactions EXCEPT endorsements, documents of continuity, 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.

**OPTION I**
**PERIODIC TESTING PROGRAM**
- 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 in Title 49 CFR Part 40.30. 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 or by a representative of the service agent who assisted you in meeting this requirement.

**OPTION II**
**RANDOM TESTING**
**EXAMPLE (From Mariner Employers):** APPLICANT'S NAME/SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.

**EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A/Army Corps of Engineers):** APPLICANT'S NAME/SSN has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.

**OPTION III**
**PRE-EMPLOYMENT TESTING**
- An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days.
- **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**


**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 5 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.
DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
SMALL VESSEL SEA SERVICE FORM  
For Service on Vessels Under 200 Gross Tons Only  

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

<table>
<thead>
<tr>
<th>Name Last</th>
<th>First</th>
<th>Middle</th>
<th>Reference Number (if applicable)</th>
<th>Social Security Number</th>
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<table>
<thead>
<tr>
<th>Vessel Name</th>
<th>Official Number or State Registration Number</th>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Vessel Gross Tons</th>
<th>Length</th>
<th>Feet</th>
<th>Inches</th>
<th>Width (if known)</th>
<th>Feet</th>
<th>Inches</th>
<th>Depth (if known)</th>
<th>Feet</th>
<th>Inches</th>
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<thead>
<tr>
<th>Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)</th>
<th>Served As (Master/Mate/Operator/Deckhand/Engine etc.)</th>
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</thead>
<tbody>
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<table>
<thead>
<tr>
<th>Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)</th>
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</tbody>
</table>

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)  

<table>
<thead>
<tr>
<th>January</th>
<th>February</th>
<th>March</th>
<th>April</th>
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<tbody>
<tr>
<td>Year</td>
<td>Days</td>
<td>Year</td>
<td>Days</td>
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<td>Year</td>
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<th>May</th>
<th>June</th>
<th>July</th>
<th>August</th>
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<tbody>
<tr>
<td>Year</td>
<td>Days</td>
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<tr>
<th>September</th>
<th>October</th>
<th>November</th>
<th>December</th>
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<tr>
<td>Year</td>
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</table>

Total number of days served on this vessel:  

Number of days served on Great Lakes:  

Average hours underway (per day):  

Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:  

Average distance offshore:  

Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:  

CG-719S (01/14)  
Page 1 of 2
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

Last: __________________________ First: __________________________ Middle: __________________________

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

Street Address: __________________________

Email Address (Optional) __________________________ City: __________________________

State: __________________________ Zip Code: __________________________ Phone: __________________________

PRIVACY ACT STATEMENT


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