



INSTRUCTIONS FOR COMPLETION OF COAST GUARD FORMS

Enclosed are forms and examples for completing the Merchant Mariner Credential application. Please refer to the “Evaluation Guidelines” sheet when completing forms. Do not apply for licenses for which you are not qualified. There are two options for application submission:

	Send your Paperwork to Sea School	Send your Paperwork to the USCG
Description	Sea School staff reviews paperwork for accuracy, advises on revisions, and submits to the Coast Guard	Applicant completes paperwork independently and sends directly to the Coast Guard
Price	\$75	\$0
Timing	1-2 weeks once all documents have been provided to Sea School	Lengthy and unpredictable
Submission Format	<p style="text-align: center;">Email (preferred)</p> <p>Scan and send your application to paperwork@seaschool.com. Scan both sides of the documents in PDF format. You can also bring your paperwork to one of our local offices and they will scan for you.</p> <p style="text-align: center;">US Mail</p> <p>Mail a physical copy to: Sea School 8440 4th St N. St. Petersburg, FL 33702</p> <p>Keep a copy of the entire application before mailing. Do NOT send original documents to SeaSchool.</p>	<p>USCG Regional Exam Centers are listed on the back of this letter. You can choose any of these locations to mail your paperwork to directly. Walk-ins are not allowed at any of the USCG offices</p> <p style="text-align: center;">Email your application to: https://www.dco.uscg.mil/nmc/merchant_mariner_credential/</p> <p>Keep a copy of the entire application before mailing. Do NOT send original documents to the USCG</p>

USCG Application Fee – pay.gov

The USCG has an application fee that must be paid prior to submitting paperwork. The applicant will need to pay this fee personally even if Sea School submits the paperwork.

USCG Fees must be paid at www.pay.gov. **Include a copy of the receipt with your application.** Do not send cash, personal check, or money order with your application.

Scan the QR Code below to be directed to pay.gov to complete application payment. There are detailed instructions for this payment process included in this package (see page 5).

National Maritime Center Detachments known as Regional Exam Centers (RECs)

ALASKA, Anchorage RECANC@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 222 W. 7 th Ave., Box 55, Room 156, Anchorage AK 99513
ALASKA, Juneau RECJUN@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 709 W 9 th St Suite 322 Juneau AK 99801
CALIFORNIA, Oakland RECOAKLAND@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), Federal Bldg, North Tower, 1301 Clay St. Rm. 180N, Oakland CA 94612-5200
CALIFORNIA, Long Beach RECLB@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 501 W. Ocean Blvd, Ste 6200, Long Beach CA 90802
FLORIDA, Miami RECMIA@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 6th Floor, Federal Building, 51 SW First Ave., Miami FL 33130-1608
HAWAII, Honolulu RECHONOLULU@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), Honolulu Harbor Pier 4 433 Ala Moana Blvd. Honolulu HI 96813
LOUISIANA, New Orleans RECNOLA@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 4250 Hwy 22, Suite F, Mandeville LA 70471
MARYLAND, Baltimore RECBALTIMORE@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), U.S. Custom House, Rm 420, 40 S. Gay St., Baltimore MD 21202-4022
MASSACHUSETTS, Boston RECBOSTON@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), 455 Commercial St., Boston MA 02109-1045
MISSOURI, St. Louis RECSTL@USCG.MIL	U.S. Coast Guard, Marine Safety Office (REC), Room 8.304, 1222 Spruce St., St. Louis MO 63103-2846
NEW YORK, New York RECNY@USCG.MIL	U.S. Coast Guard Activities New York (REC), 201 Varick St. Suite 904 New York, New York 10014
OHIO, Toledo RECTOL@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 420 Madison Ave., Suite 700, Toledo OH 43604-1209
OREGON, Portland RECPORTLAND@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 911 NE 11 th Ave, Rm 637, Portland OR 97232
S. CAROLINA, Charleston RECCHA@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 196 Tradd St., Charleston SC 29401-1899
TENNESSEE, Memphis RECMEMPHIS@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 200 Jefferson Ave. Suite 1301, Memphis TN 38103-2300
TEXAS, Houston RECHOUSTON@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 8876 Gulf Freeway, Suite 200, Houston TX 77017-6595
WASHINGTON, Seattle RECSEATTLE@USCG.MIL	U.S. Coast Guard Marine Safety Office (REC), 915 Second Ave., Rm 194, Seattle WA 98174-1067

The Coast Guard has requested that all phone calls to the RECs be made through the National Maritime Center at (888)472-5662

LICENSE APPLICATION PACKAGE CHECKLIST

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

- Application for Merchant Mariner Credential (CG-719B)**
 - *Refer to the sample provided in this package to be sure all appropriate blanks on the form have been filled in.*
 - *Only request licenses or endorsements for which you are qualified.*
 - *If you have answered "YES" to legal questions on pg 4 of this application, pls be sure to fill out CG-719C (see below).*

- Disclosure Statement for Narcotics DWI/DUI and or Other Convictions (CG-719C)**

- Course Completion Certificate** (SeaSchool certificate)

- Small Vessel Sea Service (CG-719S)**

- Application for Medical Certificate (CG-719K)**

- DOT/USCG Periodic Drug Testing Form (CG-719P)**

- Copy of a valid CPR & First Aid certificate**
 - *This certificate must be issued by an approved USCG entity and be less than 12 months old at the time you are submitting your application.*

- Proof of Citizenship**
 - *Copy of birth certificate or passport (do not include any original documents)*
 - *If you are NOT a US citizen, include copies of your green card and US Social Security card.*

- TWIC Card** (see page 5 for instructions)
 - *Include copy of front of TWIC card OR receipt from the day you applied for your TWIC*

- TWIC -TIMS Data Share Problem** – *must be completed for all original applications. (see pg.7)*

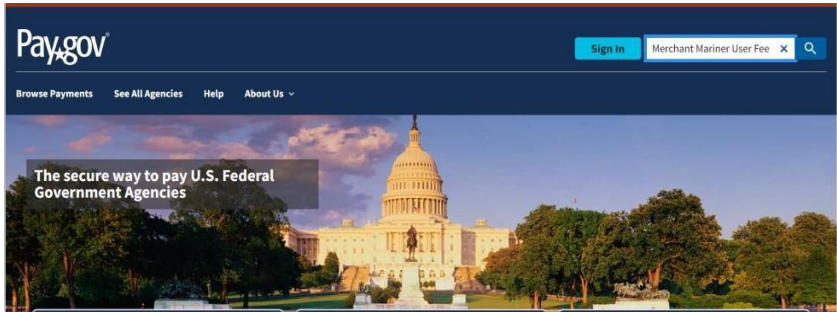
- Application Fee (pay.gov)**
 - *\$145 paid to pay.gov, include copy of receipt of payment (See page 4 for directions)*

- Paperwork Review Fee** – (Payment to SeaSchool - OPTIONAL)
 - *Review fee is \$75 for Original licenses and \$50 for Renewal*
 - *Call SeaSchool to make payment via credit card -OR-*
 - *If mailing paperwork to SeaSchool for review, you can include check or money order with paperwork package*

PAYING YOUR COAST GUARD FEES

To avoid processing delays, we highly recommend using www.pay.gov where you use a credit or debit card, or direct debit (ACH) from a bank account, enter some demographic data and follow the steps to obtain the receipt, which will go with your application. If you choose to send a check directly to the REC, your application will be mailed via USPS which can slow down your process by 4-6 weeks.

1. Login to www.pay.gov and type “Merchant Mariner User Fee” in the upper right search box – or SCAN the below QR Code with your phone.



OR



2. Click Continue on USCG Merchant Mariner User Fee Payment



3. Click “Continue to Form”
4. Fill in personal information, select a REC (Regional Exam Center) closest to your location. Attach a copy of the receipt with your application, and they will have your information to track down the payment.
5. Follow the example shown here and enter your payment information to complete the process.

*Original Merchant Mariner Credential
(First time for OUPV or Master 25/50/100)*

Credential Category

Officer Endorsements only

Evaluation Fee

\$100.00

Type of Endorsement *

Original Officer Endorsement \$100.00

Examination Fee

\$0.00

Examination/Testing Fees

Course in Lieu of Exam: \$0.00

Issuance Fee

\$45.00

Issuance Fees

Pay MMC issuance fee now \$45.00

Total Fees

\$145.00

TWIC

Transportation Worker Identification Credential

The Transportation Worker Identification Credential, also known as TWIC, is required by the Maritime Security Act for workers who need access to secure areas of the nation's maritime facilities (ports) and vessels.

TSA conducts a security threat assessment (aka background check) to determine a person's eligibility and issues the credential. US citizens and immigrants in certain immigration categories may apply for the credential. Most mariners licensed by the US Coast Guard also require a credential.

Follow these steps to apply for a TWIC

1. Visit <https://www.tsa.gov/for-industry/twic> for information, to complete the online application or you can complete the entire process in person at an application center.
2. Schedule an appointment online or call (855)347-8371 weekdays, 8am to 10pm EST. Walk-ins are welcome, but appointments take priority. See the website for locations.
3. Visit a TWIC application center to:
 - a. Provide required documentation (see website for details), be fingerprinted, and take facial photo. Bring your current US passport or a driver's license and original birth certificate.
 - b. Pay a non-refundable fee valid for five years with a credit card, money order, check or certified cashier's check.

• New applicant:	\$125.25
• New applicant reduced rate:	\$93.00
• In-Person renewal:	\$125.25
• Online renewal:	\$117.25
• Replacement card:	\$60.00
 - c. You can have your card mailed to your home address or you can pick it up at the application center. You can check your status online at any time at the website noted above.

To be eligible for the reduced rate you must present a valid driver's license with a hazardous materials endorsement, or a Free and Secure Trade card. Please note, if you select the reduced rate, your new TWIC card will be valid for five years from the chosen document's issuance date.

You may apply if you are:

- a US citizen
- lawful permanent resident
- naturalized citizen or non-immigrant alien
- asylee or refugee who is in lawful status.

Applicants may be ineligible due to:

- incomplete or false application information
- disqualifying criminal offenses
- and other factors

Required to be filled out for all Original Applications



United States Coast Guard National Maritime Center

TWIC DATA SHARE PROBLEM

Mariner Name: _____

Presently your TSA-TWIC data is not visible in the Coast Guard database. Normally this is caused by your occupation not being listed as a Merchant Mariner with TSA.

To resolve this issue:

1. Call the TSA-TWIC Hotline at 1-855-347-8371
 - a. Press option 2 then option 2
2. Tell the operator you wish to update your occupation to Merchant Mariner.
3. After the update is complete ask the operator for the TIM number.
 - a. Record the TIM number here _____
4. The TIM number is not the same as a Ticket number. You do not need a ticket number.
5. Return this sheet with your application.

SEA SERVICE ~ CG-719S

What counts as sea service?

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

What counts as a "day"?

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

How do I document sea service?

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

SEA SERVICE ~ CG-719S

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

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

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

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

OR

Any **TWO** of the following:

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

How can I retrieve Federal Documentation Numbers on a vessel?

- USCG National Vessel Documentation Center – 1-800-799-8362
- USCG Maritime Information Exchange on the web: <http://cgmix.uscg.mil/>
 - The second option on the menu at the left is PSIX – click on it
 - On the PSIX page you will see “Vessel Search”. Click on ti to be able to search by vessel name, number, call sign, hull number, flag, type of serve and /or year built.
- National Marine Fisheries Service on the web:
http://www.st.nmfs.gov/st1/commercial/landings/cg_vessels.html

Allows search by vessel name, or the option to switch pages to search by vessel ID (documentation) number.

SUMMARY OF SEA SERVICE ~ CG719S

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

Section II: Record of Underway Service							
In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)							
January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days
Total number of days served on this vessel:		Number of days served on Great Lakes:		Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:		Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	
Average hours underway (per day)?							
Average distance offshore:							

1 → should be the total number of days claimed on this particular form. It should equal the sum of all the days indicated in the top part of this section. It should also equal the sum total of days claimed in boxes **2**, **3**, and **4**.

2 → will contain a breakdown of the number of days you are claiming service on waters of the Great Lakes.

3 → will contain a breakdown of the number of days you are claiming service on inland waters (i.e., **shoreward** of the boundary line).

4 → will contain a breakdown of the number of days you are claiming service on near coastal waters (i.e., **seaward** of the boundary line).

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

From your Small Boat Experience Sea Service Forms, provide:

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

MEDICAL CERTIFICATES ~ PHYSICAL FORM ~ CG-719K

Physicals need to be less than one year old for most transactions.

A medical certificate is a document that serves as proof that a mariner meets the required medical and physical standards, per the publication of the Federal Register (FR).

The medical certificate is the Coast Guard's authorization that mariners have met the following requirements:

- Have the physical capability to fulfill all the requirements of basic training as required by STCW.
- Demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms.
- Have no medical condition, disorder or impairment that will prevent the effective and safe conduct of the seafarer's routine and emergency duties.
- Are not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for service or to endanger the health and safety of other personnel on board.
- Are not taking medication that has side effects that will impair judgement, balance, or any other requirements for effective and safe performance of routine emergency duties.
- Mariners are required to carry a valid medical certificate, once issued, to sail under the authority of their MMC (license).

PHYSICALS STANDARDS FOR USCG LICENSES	
CONDITION	MINIMUM REQUIREMENTS
EYESIGHT	20/20 - Correctable to 20/40 or better <ul style="list-style-type: none"> • Uncorrected vision MUST be shown on physical, & correctable vision must be shown if worse than 20/40
COLOR PERCEPTION	Normal by any methods shown on physical form <ul style="list-style-type: none"> • Methods must be indicated on form including number of errors when tested.
HEARING	Testing only required if physician believes hearing is abnormal
CARDIAC	Any abnormal indications in past will need to be explained. Stress tests may be required. Contact SeaSchool for details if unsure.
BLOOD PRESSURE	160/100 or lower <ul style="list-style-type: none"> • Must meet minimum requirements regardless of whether or not medications are used to control
LUNG DISEASES	Any incapacitating diseases or those requiring corticosteroid medications may be disqualifying conditions. <ul style="list-style-type: none"> • Pulmonary function test may be required.
ORTHOPEDIC	Amputations, deformity, or arthritis resulting in impaired motion may require further evaluation & demonstration of abilities.
DIABETES	Well controlled insulin dependent diabetes or well controlled non-insulin dependent diabetes may no longer be a disqualifying. Contact SeaSchool for details if unsure.
NEUROLOGIC	Any convulsive disorder regardless of control by medications requires evaluation
PSYCHIATRIC	Primary psychosis or use of psychotropic medications requires evaluation
MEDICATIONS	Anticoagulants, systemic corticosteroids, psychotropic meds, meds with debilitating side effects and addictive painkillers require evaluation.

DRUG TESTING ~ CG-719P

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

A drug test is required for All licensing transactions EXCEPT:

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

What conditions are acceptable substitutes for a Drug Screen?

Letter from company or drug consortium showing:

- Evidence of passing the proper test within the previous 6 months with no positive test since,
OR
- Evidence of being subject to a MARITIME random testing program for at least 60 of the previous 185 days and did not fail or refuse to test.

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

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

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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

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

Section I: Applicant Information

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

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

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

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

6a. Home Address (PO Box NOT acceptable)

Street Address 6c. Primary Phone Number

City State Zip Code 6d. E-mail Address

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

Street Address 6e. Alternate Phone Number

City State Zip Code 6f. Other

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

7a. Mailing Address, City, State, Zip Code Same address as above 7b. Relationship (Optional)

Name

Street Address

City State Zip Code 7d. Alternate Phone Number (Optional)

7e. E-mail Address (Optional)

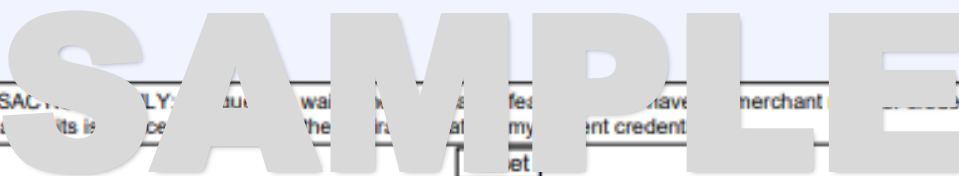
Section II: Requested Coast Guard Credential(s)
Credential or Endorsement Type(s) Requested:

Endorsement Category	Transaction Type (Check all that apply: See instructions for definitions and additional requirements for the transaction below)					
	Original	Renewal	Duplicate	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity
Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Entry Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

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

OUPV NEAR COASTAL

FOR RENEWAL TRANSACTION ONLY: I am currently a merchant mariner and have a merchant mariner credential (MMC) issued immediately. I decline to re-issue my credential.



DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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

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

Section III: Safety and Suitability

1. **TWIC (Transportation Worker's Identification Credential) EXEMPTION STATEMENT** - I have previously applied for a TWIC with TSA and I am exempt from holding a valid TWIC under Coast Guard regulations. I understand that failure to provide a TWIC will delay the processing of my Merchant Mariner's Credential. **THIS EXEMPTION DOES NOT APPLY TO ORIGINAL APPLICANTS**

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

- a) Have you ever been a user of/ or addicted to a dangerous drug, including marijuana, within the last 10 years? Yes No
- b) Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? Yes No
- c) Have you ever been convicted by any court-including military court - for an offense other than a minor traffic violation? Yes No
- d) Have you ever been convicted of a traffic infraction arising in a connection with a fatal traffic accident, reckless driving or racing on a highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? Yes No
- e) Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? Yes No
- f) Have you had a drug test with a result other than negative within the last 10-years? Yes No **IF YES-FILL OUT CG 719C**

3. **National Driver Registry (NDR) Consent (Mandatory for Original, Renewal, or new Officer Endorsement):** I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. **NOTE: Not required for Document of Continuity applicants.**
I understand the USCG will make the information received from the NDR available to me for review and written comment prior to disapproving my application or taking any action against my Merchant Mariner's Credential. Authority: 46 U.S.C. 710(g), 46 U.S.C. 7302(c), and 46 U.S.C. 7505.

Section IV: Mariner's Consent/Certification

1. **Mariner Outreach System (Optional):** I consent to voluntary participation in the Mariner Outreach System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked either by subsequent application or by sending a signed notice of revocation to the U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404. For more information, please visit <https://mos.marad.dot.gov/>.

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

2. **FOR CONTINUITY RENEWAL ONLY**

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

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

4. **Certification**

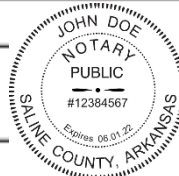
My signature below attests

- All information on this application is true, correct, and to the best of my knowledge.
- I understand an application determined to be fraudulent may result in the denial of my application for one year from the date of submission, even if the fraudulent information was not by itself cause for denial or prosecution.
- I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

5. **Applicant's Signature**

Signature of Applicant

X John P. Jones



Date (MM/DD/YYYY)

06/01/2018

Signature of individual authorized to administer the Oath. This is required only once for a mariner.

X Any Notary / Notary Signature & STAMP

Date (MM/DD/YYYY)

06/01/2018

Name of individual authorized to administer the Oath:

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

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

6. Third Party Authorization (Optional)

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

6a. Safety and Suitability

Name of Organization or Third Party

SEA SCHOOL

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

Organization Point of Contact (if applicable)

Street Address

8440 4TH ST N

6c. Merchant Mariner Credential Delivery

City

State

Zip Code

ST. PETERSBURG

FL

33702

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

Phone Number

Email Address

727-577-3992

PAPERWORK@SEASCHOOL.COM

Signature of Applicant

John P. Jones

Date (MM/DD/YYYY)

06/01/2018

SAMPLE

PRIVACY NOTICE

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

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

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

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

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

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

----- Instructions -----

Who must submit this form?

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

Section I: Applicant Information

- I.1 **Legal Name** - Enter complete legal name. Include any aliases you have used and your maiden or prior name(s).
- I.2a **Social Security Number** - If you are applying for an original credential, enter your SSN.
- I.2b **Reference Number** - If you have been credentialed by the Coast Guard in the past, enter your reference number.
- I.2c **Alien Registration Number** - If you are a legal alien, also enter your alien registration number (ARN).
- I.3 **Date of Birth** - If the applicant is under 18 years of age, a notarized statement from legal guardian is required. Attach a notarized statement, signed by a parent or legal guardian, authorizing the Coast Guard to issue a credential.
- I.4 **Citizen** - If not a U.S. citizen, please indicate country of nationality.
- I.5a-c **Place of Birth** - City, State, Country. If born outside the United States, leave State blank.

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

- I.6a **Home Address** - Principle place of residence. **PO Box is NOT acceptable.**
- I.6b **Delivery/Mailing Address** - The address to which you want all correspondence and issued credentials sent. If blank, correspondence and credentials will be sent to the Home Address.
- I.6c **Primary Phone Number** - Provide a primary phone number.
- I.6d **Alternate Phone Number** - Provide an alternate phone number if available.
- I.6e **E-mail Address** - The NMC may attempt to contact you via e-mail. If an e-mail address is provided, you will receive automated e-mail updates regarding the status of your application.
- I.6f **Other** - Please provide additional means of communicating with you (satellite phone, work phone, etc.) if available.

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

- I.7a **Next of Kin/Emergency Contact** - Name & Mailing Address, City, State, Zip Code.
- I.7b **Relationship** - Provide relationship status to next of kin listed on application. (i.e. Mother, Father, Spouse)
- I.7c **Primary Phone Number** - Phone number to contact the person listed in the event of an emergency.
- I.7d **Alternate Phone Number** - Provide a cellular phone number, if available.
- I.7e **E-mail Address** - Provide an e-mail address for Next of Kin listed.

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

General Application Requirements:

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

- A quick reference table for the requirements of an MMC and any endorsement is available online at: [46 CFR 10.239](http://46CFR10.239)
- More information is available on the National Maritime Center (NMC) website: www.uscg.mil/nmc

MMC and Endorsement Application Descriptions:

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

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

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

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

4. **Duplicate MMC** - In the event of a lost credential, a statement describing the circumstances of the loss must be submitted with the application. The duplicate will have the same authority, wording and expiration date as the lost credential. If a person loses a credential by shipwreck or other casualty that causes damage to a ship, a duplicate will be issued free of charge as per 46 CFR 10.229. If a person loses a credential by other means and applies for a duplicate, the appropriate fee set out in 46 CFR 10.219 must be paid. No application from an alien for a duplicate credential will be accepted unless the alien complies with the requirements of 46 CFR 10.229.
5. **MMC Endorsement(s)** - This is a statement on a mariner's MMC that indicates that he or she is qualified to serve in that capacity. All endorsements including National officer and National rating endorsements as well as all STCW endorsements (International) are listed in **46 CFR 10.109**.
- NOTE:** Requests for an endorsement(s) will not change the expiration date of a mariner's MMC unless the applicant also requests a renewal MMC and meets the renewal requirements of all endorsements on the MMC in accordance with 46 CFR 10.227.
- (a) **Raise of Grade (ROG) Endorsement** - The requirements for a ROG are found in 46 CFR 10.231. This is an increase in the level of authority and responsibility associated with an existing officer or rating endorsement.
- (b) **Increase in Scope** - The requirements for an Increase in Scope are found in 46 CFR 10.223. This is a modification or a removal of limitations or scope to existing MMC endorsement(s).
6. **Document of Continuity** - This is a record of qualifications previously held and does not authorize the holder to sail in any capacity listed thereon. Documents of continuity do not expire, do not require medical or security evaluations, and do not require fees. STCW endorsements may not be placed in continuity. No credential expired beyond the 12-month administrative grace period described in 46 CFR 10.227(h) can be converted into a Document of Continuity.
7. **Entry Level Ratings** - There are no professional requirements needed when applying for entry level credential. Ratings may include Ordinary Seaman, Wiper, and/or Stewards Department / Stewards Department (*Food Handler - F.H.*). Per 46 CFR Part 10, applicants requesting Stewards Department (F.H.) will be required to submit a statement from a physician attesting that the applicant is free from communicable disease.

Section III: Safety and Suitability

III. 1 Transportation Worker Identification Credential (TWIC):

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

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

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

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

III.3 National Driver Registry (NDR):

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

Section IV: Applicant Consent and Certification

- IV.1 **Mariner Outreach System:** This is an optional program used by the Maritime Administration in the event of a national emergency. Applicant will need to select whether Yes, they would like to participate, or No, they do not wish to participate in the Mariner Outreach System, by selecting either of the check boxes.
- IV.2 **Continuity:** Credentials issued for continuity purposes are not valid for use.
- IV.3 **Consent:** Applicants under the age of 18 must attach a notarized statement of parental/guardian consent.
- IV.4 **Certification:** Applicant certifies that the information provided is true and correct. Every person who applies for an original MMC must first take an oath. The applicant must sign and date the application stating they have taken the oath. Failure to sign will result in the application being returned. Per 46 CFR 10.225(c), an oath may be administered by any Coast Guard designated individual or any person legally permitted to administer oaths in the jurisdiction where the person taking the oath resides.
- IV.5 **Signature and Date:** Failure to sign and date the application will result in the application being returned.
- IV.6 **Third Party Authorization (optional):** If you want the NMC to be able to discuss, release, or receive information/documents regarding your credential application with a third party (*spouse, employer, school, union, etc.*) you must provide specific guidance to the NMC regarding what issues we may discuss and with whom. You may allow release of all information to certain individuals or entities. If you limit the release of certain information you must be specific by making a selection on the application or by attaching additional documentation. For each selection made, ensure the Name of the Organization or Third Party, Organization Point of Contact (*if applicable*), Address and Phone Number is completed. If you wish to provide multiple Third Party Releases, attach additional pages as needed. A sample may be found on the NMC website: <http://www.uscg.mil/nmc/>.

DEPARTMENT OF HOMELAND SECURITY
 U.S. Coast Guard
APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

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

Section I: Applicant Information

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

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

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

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

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

Street Address 6c. Primary Phone Number

City State Zip Code 6d. E-mail Address

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

Street Address 6e. Alternate Phone Number

City State Zip Code 6f. Other

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

7a. Mailing Address, City, State, Zip Code Same address as above 7b. Relationship (*Optional*)

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

Street Address 7d. Alternate Phone Number (*Optional*)

City State Zip Code 7e. E-mail Address (*Optional*)

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

Endorsement Category	Transaction Type (<i>Check all that apply: See instructions for definitions and additional requirements for the transaction below</i>)					
	Original	Renewal	Duplicate	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity
Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entry Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

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

Section III: Safety and Suitability

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

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

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

3. **National Driver Registry (NDR) Consent (Mandatory for Original, Renewal, or new Officer Endorsement):** I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. **NOTE: Not required for Document of Continuity applicants.**
I understand the USCG will make the information received from the NDR available to me for review and written comment prior to disapproving my application or taking any action against my Merchant Mariner's Credential. Authority: 46 U.S.C. 710(g), 46 U.S.C. 7302(c), and 46 U.S.C. 7505.

Section IV: Mariner's Consent/Certification

1. **Mariner Outreach System (Optional):** I consent to voluntary participation in the Mariner Outreach System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked either by subsequent application or by sending a signed notice of revocation to the U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404. For more information, please visit <https://mos.marad.dot.gov/>.

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

2. **FOR CONTINUITY RENEWAL ONLY**

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

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

4. **Certification**

My signature below attests that:

- All information on this application is true and correct to the best of my knowledge.
- I understand an application determined to be fraudulent may result in the denial of my application for one year from the date of submission, even if the fraudulent information was not by itself cause for denial or prosecution.
- I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

5. **Applicant's Signature**

Signature of Applicant

Date (MM/DD/YYYY)

X _____

Signature of individual authorized to administer the Oath. This is required only once for a mariner.

Date (MM/DD/YYYY)

X _____

Name of individual authorized to administer the Oath: _____

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

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

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

6. Third Party Authorization (Optional)

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

6a. Safety and Suitability

Name of Organization or Third Party

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

Organization Point of Contact (if applicable)

6c. Merchant Mariner Credential Delivery

Street Address

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

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

Date (MM/DD/YYYY)

X _____

PRIVACY NOTICE

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

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

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

----- Instructions -----

Who should submit this form?

Original Merchant Mariner Credential (MMC) applicants are required to list all convictions including military court martial, driving related convictions other than minor traffic violations, and foreign court convictions. For renewals and endorsements, list all of those convictions not previously reported to the Coast Guard on a MMC application. If you are unsure what you previously reported, you are encouraged to provide a complete list of all convictions. Failure to report convictions will delay your credential and may result in denial. You may use this form for the disclosure required by 46 CFR 10.211 to report your convictions, or you may use this form as a guide to provide your written explanation.

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

CONVICTION DEFINED (46 CFR 10.107)

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

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

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

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

Section I: Applicant Information

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

Section II: Conviction and/or Drug Use Disclosure

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

Section III: 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 NOTICE

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

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

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 10 minutes. You may submit any comment concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509.

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

Section I: Applicant Information (Please Print)

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

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

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

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

CONVICTION DETAILS CONVICTION 1

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

CONVICTION 2

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

Section III: Acknowledgement and Certification

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

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

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)
For Service on Vessels of Less Than 200 Gross Register Tons Only

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

Name Last	First	Middle	Reference Number (if applicable)	Social Security Number		
Jones	John	Paul		000-00-0000		
Vessel Name		Official number(s) listed on the registration, certificate, or document				
S.S. MINNOW		123456				
Vessel Gross Tons	Length Feet	Inches	Width (if known) Feet	Inches	Depth (if known) Feet	Inches
12	22	6	12	3	3	0
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)			Served As (Master/Mate/Operator/Deckhand/Engine etc.)			
MOTOR			OPERATOR			
Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)						
GULF OF MEXICO						

Section II: Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
2011	10	2011	7	2011	8	2011	9
2010	9	2010	7	2010	7	2010	7
2009	8	2009	8	2009	9	2009	8
2008	7	2008	8	2008	10	2008	10
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
2011	7	2011	9	2011	2	2011	7
2010	9	2010	10	2010	17	2010	6
2009	10	2009	8	2009	18	2009	3
2008	8	2008	7	2008	2	2008	2
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days
2011	7	2011	9	2011	8	2011	10
2010	9	2010	10	2010	7	2010	9
2009	3	2009	8	2009	10	2009	8
2008	10						

Total number of days served on this vessel:	365	Number of days served on Great Lakes:	0
Average hours underway (per day)?	5	Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	0
Average distance offshore:	25 MILES	Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	365

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

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

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

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature of Applicant

Date (MM/DD/YYYY)

John P. Jones

06/01/2018

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)

Owner's, Operator's,
Last

Email Address (Optional)

Only fill out this section if you are NOT the owner of the vessel. The person signing & completing this section is someone with knowledge of your service and MUST ATTEST to its accuracy and validity.

PRIVACY NOTICE

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

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

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

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

SAMPLE

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

U.S. Coast Guard

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)
 For Service on Vessels of Less Than 200 Gross Register Tons Only

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

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

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

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

Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail) Served As (Master/Mate/Operator/Deckhand/Engine etc.)

Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)

Section II: Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days

Total number of days served on this vessel: Number of days served on Great Lakes:

Average hours underway (per day): Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:

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

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

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

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

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature of Applicant

Date (MM/DD/YYYY)

X _____

Owner, Operator or Master Read Before Signing! I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature and Title of Person Attesting to Experience

Date (MM/DD/YYYY)

X _____

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

PRIVACY NOTICE

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

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

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

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

U.S. Coast Guard

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)
For Service on Vessels of Less Than 200 Gross Register Tons Only

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

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

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

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

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

Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)

Section II: Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days

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

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

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

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

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature of Applicant

Date (MM/DD/YYYY)

X _____

Owner, Operator or Master Read Before Signing! I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature and Title of Person Attesting to Experience

Date (MM/DD/YYYY)

X _____

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

PRIVACY NOTICE

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

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

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

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

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

----- Instructions -----

Who must submit this form?

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

Who may conduct this exam?

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

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

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

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

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

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

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

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

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

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

Applicants - Refer to instructions provided in this section.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Applicant certifies that the information provided is true and correct.

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

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

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

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

c. Consent for Third Party to Act on your Behalf

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

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

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

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

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

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

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

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

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

Home Address (PO Box NOT acceptable)
Street Address Primary Phone Number

City State Zip Code Alternate Phone Number

Delivery/Mailing Address, if different (PO Box acceptable)
Street Address E-mail Address

City State Zip Code Other

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

- Deck Engine Food Handler STCW Entry-level with lookout duties
- U.S. Registered Pilot (Great Lakes Pilotage) First-Class Pilot or those Serving as Pilot (Federal Pilotage/46 CFR 15.812)
- Other (Please explain): _____

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

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

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

MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

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

Condition	Treatment
<input type="text"/>	<input type="text"/>
Status	Limitations
<input type="text"/>	<input type="text"/>

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

Condition	Treatment
<input type="text"/>	<input type="text"/>
Status	Limitations
<input type="text"/>	<input type="text"/>

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

Condition	Treatment
<input type="text"/>	<input type="text"/>
Status	Limitations
<input type="text"/>	<input type="text"/>

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

Condition	Treatment
<input type="text"/>	<input type="text"/>
Status	Limitations
<input type="text"/>	<input type="text"/>

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

Condition	Treatment
<input type="text"/>	<input type="text"/>
Status	Limitations
<input type="text"/>	<input type="text"/>

MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

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

Applicants Must Report

- All medications (Prescription or Nonprescription), dietary supplements, and vitamins; that were filled, or refilled, and/or taken within 30 days prior to the date the applicant signs the CG-719K; and
- All medications (Prescription or Nonprescription), dietary supplements, and vitamins that were used for a period of 30 or more days within the last 90 days prior to the date the applicant signs the CG-719K.

Medical Practitioner

- Medical Practitioner must verify applicants medications and information listed in the table below.
- Medical Practitioner comments should include the approximate length of time the applicant has taken the medication and address the presence or absence of any side effects.

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

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

ATTACHED

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

REPORT OF MEDICAL EXAMINATION

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

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

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

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

Additional Medical Comments (Please Print)

MEDICAL PRACTITIONER INITIALS: _____ DATE: _____

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

a. Visual Acuity

Distance Vision, Uncorrected: If correction required, Distance Vision Correctable To:

Right: 20/	<input type="text"/>	Right: 20/	<input type="text"/>
Left: 20/	<input type="text"/>	Left: 20/	<input type="text"/>

Field of Vision

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

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

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

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

Color Vision Testing Results:

Passed Failed Number of Errors:

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

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

- Normal Hearing Abnormal Hearing Hearing Aid Required

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

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

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

**Audiometer
Threshold Value**

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

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

Right Ear (Unaided): %

Left Ear (Unaided): %

Right Ear (Aided): %

Left Ear (Aided): %

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

Print Applicant Name: (Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

COMMENTS:
(Please Print)

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

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

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

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

OR,

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

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

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

Last Name	First Name	M.I.	License Number	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature	Date (MM/DD/YYYY)	Phone Number	MD <input type="checkbox"/>	DO <input type="checkbox"/>	PA <input type="checkbox"/>	NP <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>				

Office Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Place office address stamp here)

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

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

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

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301
Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.
Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).
Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

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

Print Applicant Name: (Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

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

Declined

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

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

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

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

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

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

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

Who must submit this form?

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

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

Section I: Applicant Consent

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

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

Signature of Applicant (Required)

Date (MM/DD/YYYY)

X

Section II: Name of SAMHSA Accredited Laboratory

Name Street Address City State Zip Code

SECTION III: Medical Review Officer

Date Specimen Collected (MM/DD/YYYY)

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

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

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

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

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

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

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT

The test was CANCELLED because (insert reason)

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION

Name Last First Middle

Street Address

City State Zip Code

Phone:

MEDICAL REVIEW OFFICER AUTHORITY

Name Last First Middle

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

Name of MRO Qualifying Organization

Registration Number Issued by Qualifying Organization:

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

REQUIREMENTS

- A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates.
- Only a chemical test meeting the requirements of 49 CFR Part 40 will be accepted.

OPTION I PERIODIC TESTING PROGRAM

- A DOT Chemical test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.
- **COLLECTION** of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40 Subpart C. It is **CRITICAL** that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid.
- The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.

OPTION II RANDOM TESTING

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

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

OPTION III PRE-EMPLOYMENT TESTING

- An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program.
- EXAMPLE:** *APPLICANT'S NAME/SSN* passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY NOTICE

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

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

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

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

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