

U.S. Coast Guard

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

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

PRIVACY ACT STATEMENT

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

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

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

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

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

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

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

Input fields for Name Last, First, Middle, Reference Number, and Social Security Number.

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

Input fields for Vessel Name and Official number(s).

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

Input fields for Vessel Gross Tons, Length, Width, and Depth.

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

Input fields for Propulsion and Served As.

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

Input field for Name of Body or Bodies of Water.

Section II: Record of Underway Service

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

Table with columns for months (January, February, March, April, May, June, July, August, September, October, November, December) and rows for Year and Days.

Summary fields: Total number of days served on this vessel, Average hours underway (per day), Average distance offshore, Number of days served on Great Lakes, Number of days served on waters shoreward of the boundary line, Number of days served on waters seaward of the boundary line.

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

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

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

Signature of Applicant

X

Date (MM/DD/YYYY)

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

Signature and Title of Person Attesting to Experience

X

Date (MM/DD/YYYY)

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

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