



8440 4<sup>th</sup> Street North, St. Petersburg, FL 33702. (727) 577-3992, Fax (727) 522-3155

## APPLICATION PACKAGE FOR ADDING AUXILIARY SAIL ENDORSEMENTS TO LICENSES

Auxiliary Sail endorsements can be added to any inspected license with appropriate experience documented to the Coast Guard. Auxiliary Sail cannot be added to the OUPV license as this operating authority is already included in the license. In order to carry more than 6 passengers on an inspected Sail/Aux Sail vessel, the Auxiliary Sail endorsement is required.

The experience required is 50% of the time required for the license. For Master Inland, that equals 180 days, and for Master Near Coastal it is 360 days. Time already in a file will count towards this requirement.

If you have not yet applied for a license, add the request for "Auxiliary Sail" to your application form. No additional fee is due the Coast Guard for this.

If you have requested an evaluation for Auxiliary Sail and have an approval letter from the Coast Guard, less than one year old, submit the letter and the diploma described below to the Coast Guard with a \$45 processing fee for typing.

If you already have a license, but no approval, you will need to complete an application form and submit it to the Coast Guard with your diploma. Sea time can be added to your file at this time. There is an additional fee for this consisting of evaluation (\$50) and typing (\$45) for a total of \$95 payable to the U.S. Coast Guard for license endorsement.

Upon completion of your schooling and testing, we will send you a diploma. It is to be included with your application package to the Coast Guard. We recommend that you send your package to us for review. Upon completion of the review, we will file it with the Coast Guard for you. There is no charge for a review for adding this endorsement to an existing license.

All applications **MUST** be accompanied by a copy of your TWIC card, or a copy of the receipt showing that you have applied for it. If you have not done so yet, you may go to [www.tsa.gov/twic](http://www.tsa.gov/twic) for assistance.

Please call us at (800) 237-8663 if you have any questions on this procedure.

NATIONAL MARITIME CENTER DETACHMENTS  
KNOWN AS REGIONAL EXAMINATION CENTERS (RECs)

(As listed on USCG web site 06/17/15)

ALASKA, Anchorage	U.S. Coast Guard, Marine Safety Office (REC), 222 W. 7 <sup>th</sup> Ave., Box 55, Room 156, Anchorage AK 99515
ALASKA, Juneau (907) 463-2458	U.S. Coast Guard, Marine Safety Office (REC), 9105 Mendenhall Mall Rd. Suite 170, Juneau AK 99801
CALIFORNIA, Oakland	U.S. Coast Guard, Marine Safety Office (REC), Federal Bldg, North Tower, 1301 Clay St. Rm. 180N, Oakland CA 94612-5200
CALIFORNIA, Long Beach	U.S. Coast Guard, Marine Safety Office (REC), 501 W. Ocean Blvd, Ste 6200, Long Beach CA 90802
FLORIDA, Miami (305) 536-6548	U.S. Coast Guard, Marine Safety Office (REC), 6th Floor, Federal Building, 51 SW First Ave., Miami FL 33130-1608
HAWAII, Honolulu (808) 522-8264	U.S. Coast Guard, Regional Exam Center ( REC), Honolulu Harbor Pier 4 433 Ala Moana Blvd. Honolulu HI 96813
LOUISIANA, New Orleans (985) 624-5700	U.S. Coast Guard, Regional Exam Center (REC) 4250 Hwy 22, Suite F, Mandeville LA 70471
MARYLAND, Baltimore	U.S. Coast Guard, Marine Safety Office (REC), US Custom House, Rm 420, 40 S. Gay St., Baltimore MD 21202-4022
MASSACHUSETTS, Boston (617) 223-3040	U.S. Coast Guard, Marine Safety Office (REC), 455 Commercial St., Boston MA 02109-1045
MISSOURI, St. Louis (314) 539-3091	U.S. Coast Guard, Marine Safety Office (REC), Suite 7.105, 1222 Spruce St., St. Louis MO 63103-2846
NEW YORK, New York	U.S. Coast Guard Activities New York, (REC), Battery Park Bldg., 1 South St., New York NY 10004-1466
OHIO, Toledo	U.S. Coast Guard, Marine Safety Office (REC), 420 Madison Ave., Suite 700, Toledo OH 43604-1209
OREGON, Portland (503) 240-9346	U.S. Coast Guard, Marine Safety Office (REC), 911 NE 11 <sup>th</sup> Ave, Rm 637, Portland OR 97232
S. CAROLINA, Charleston (843) 720-3250	U.S. Coast Guard, Marine Safety Office (REC), 196 Tradd St., Charleston SC 29401-1899
TENNESSEE, Memphis (901) 544-3297	U.S. Coast Guard, Marine Safety Office (REC), 200 Jefferson Ave., Suite 1301, Memphis TN 38103-2300
TEXAS, Houston (713) 948-3350	U.S. Coast Guard, Marine Inspection Office (REC), 8876 Gulf Freeway, Suite 200, Houston TX 77017-6595
WASHINGTON, Seattle (206) 220-7327	U.S. Coast Guard, Marine Inspection 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) 427-5662.

**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](http://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](http://www.uscg.mil/nmc)

**MMC and Endorsement Application Descriptions:**

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

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

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

### Section III: Safety and Suitability

#### III. 1 Transportation Worker Identification Credential (TWIC):

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

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

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

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

#### III.3 National Driver Registry (NDR):

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

### Section IV: Applicant Consent and Certification

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

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

OMB No. 1625-0040  
Exp. Date: 04/30/2026

**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 City State Zip Code 6c. Primary Phone Number

6d. E-mail Address

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

Street Address City State Zip Code 6e. Alternate Phone Number

6f. Other

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

7a. Mailing Address, City, State, Zip Code Same address as above

Name 7b. Relationship (*Optional*)

Street Address City State Zip Code 7c. Primary Phone Number (*Optional*)

7d. Alternate Phone Number (*Optional*)

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

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

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

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

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

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

OMB No. 1625-0040  
Exp. Date: 04/30/2026

**Section III: Safety and Suitability**

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

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

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

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

**Section IV: Mariner's Consent/Certification**

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

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

**2. FOR CONTINUITY RENEWAL ONLY**

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

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

**4. Certification**

**My signature below attests that:**

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

**5. Applicant's Signature**

Signature of Applicant

**X** \_\_\_\_\_

Date (MM/DD/YYYY)

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

**X** \_\_\_\_\_

Date (MM/DD/YYYY)

Name of individual authorized to administer the Oath: \_\_\_\_\_

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

OMB No. 1625-0040  
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**Section IV: Mariner's Consent/Certification (continued)**

**6. Third Party Authorization (Optional)**

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

6a. Safety and Suitability

Name of Organization or Third Party

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

Organization Point of Contact (if applicable)

6c. Merchant Mariner Credential Delivery

Street Address

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

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

**X** \_\_\_\_\_

Date (MM/DD/YYYY)

**PRIVACY ACT STATEMENT**

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

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

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

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

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

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

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

**----- Instructions -----**

**Who should submit this form?**

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

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

**CONVICTION DEFINED (46 CFR 10.107)**

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

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

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

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

**Section I: Applicant Information**

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

**Section II: Conviction and/or Drug Use Disclosure**

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

**Section III: Acknowledgment and Certification**

- **Signature of Applicant** - Acknowledge that you have read and understand the definition of conviction and certify that the information on this Disclosure Statement for Narcotics, DWI/DUI, and/or other Convictions form is true and correct.
- **Date** - Enter current date.

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

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

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



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

**Section I: Applicant Information (Please Print)**

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

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

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

**DANGEROUS DRUG USE DETAILS (if any)**

5. Type of Drug	6. Month/Year of Last Use (MM/YYYY)
<input type="text"/>	<input type="text"/>

**CONVICTION DETAILS**

**CONVICTION 1**

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

**CONVICTION 2**

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

**Section III: Acknowledgment and Certification**

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

Signature of Applicant

Date (MM/DD/YYYY)

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

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)

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

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 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.

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

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

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

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

Signature of Applicant

**X**

Date (MM/DD/YYYY)

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

Signature and Title of Person Attesting to Experience

**X**

Date (MM/DD/YYYY)

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

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.