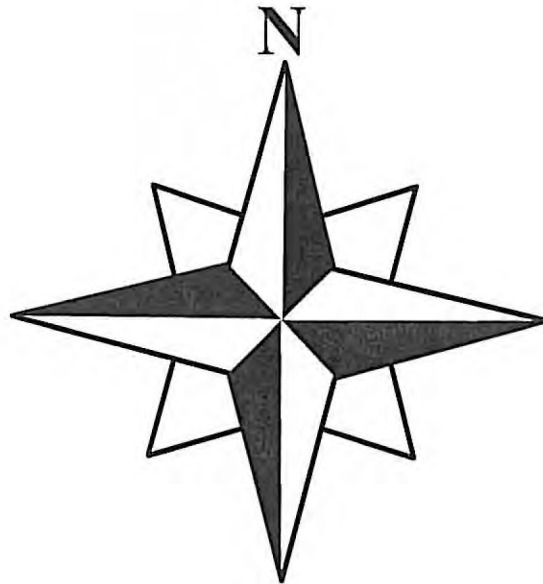


GENERAL INFORMATION FOR MERCHANT MARINER'S DOCUMENTS, LICENSES, AND STCW CERTIFICATES



Attached are all the forms and information you will need to apply for a Merchant Mariner License and Merchant Mariner Document (MMD).

This information package has been designed to assist you in the process of applying for merchant mariner credentials and may not answer all of your questions. More comprehensive information may be obtained by visiting <http://www.uscg.mil/stcw/index.htm> or contacting your local REC.

USEFUL INFORMATION

- ☐ **Submission of Application:** The backlog of applications submitted to each REC varies from week to week. As such, the processing time for completion of your application also varies. To ensure uninterrupted employment, please be proactive and send your package in to the REC 8-10 weeks prior to expiration or employment dates. Applicants with past criminal convictions or those with medical conditions that may require further Coast Guard review are advised to submit their package 14-18 weeks early. You will be required to physically visit the REC at least once.
- ☐ **Fingerprint Card:** When applying for any credentials you must be fingerprinted. Your fingerprints will be submitted for processing to verify the information you provided with your application. Fingerprinting can only be accomplished at an REC.
- ☐ **Proof of Identity:** To obtain a Merchant Mariner Document, two current forms of identification are required. One of these forms of identification must contain a photo of the applicant. The OCMI may require other identification to verify the identity of an applicant as deemed necessary. The acceptable photo and non-photo identifications are listed in this packet.
- ☐ **Proof of Citizenship and Any Legal Name Change:** To obtain a Merchant Mariner's Document (MMD), you must be a U.S. citizen or an alien "lawfully admitted to the U.S. for permanent residence." To obtain a license, you must be a U.S. citizen except non-citizens may apply for an Operator of Uninspected Passenger Vessels (OUPV) license limited to undocumented vessels less than 5 net tons. All **original** license and document transactions must provide acceptable proof of nationality (i.e., original passport, birth certificate, or baptismal certificate). All subsequent applications by non-U.S. citizens (i.e., renewal, upgrade, duplicate) must provide proof of nationality and immigration status. All **original** license and document transactions must provide an original social security card. If your name has changed due to marriage, divorce, or a legal name change, you must provide documentation of your name change (for example, a marriage certificate, divorce decree, or judicial name change) and your current legal name.
- ☐ **Verification of Sea Service:** Several options are available for the mariner to verify sea service. Original Certificates of Discharge, letter(s) from the employer(s) on company letterhead, and Sea Service Forms are acceptable forms of verification. The Small Vessel Sea Service Form will only be accepted for vessels less than 200 gross register tons. If the operator/master is not the owner, the vessel's owner must sign the form and the owner's signature must be notarized.
- ☐ **Recency:** The applicant for any original license, endorsement, or raise-of-grade of license must have at least 90 days of qualifying service on vessels of appropriate tonnage or horsepower within the three years immediately preceding the date of application.
- ☐ **Physical Fitness:** To obtain a license or an MMD endorsed for a rating (such as Able Seaman, Qualified Member of the Engine Department (QMED), Tankerman, etc.), you must submit a report of a physical examination. If you are applying for an MMD (or Z-card) as an Ordinary Seaman, Wiper, and Steward's Department, a full physical is not required and may be reported on the Merchant Marine Certification for Entry Level Ratings (CG-719K/E) (*completed within the past 12 months*).
- ☐ **First Aid/CPR:** All applicants for an **original** deck or engineer license must provide proof of having completed a U.S. Coast Guard-approved first aid and CPR course. The certificates must be valid at the time of application.
- ☐ **Fire Fighting:** Mariners applying for the **original** licenses listed below must provide proof of having completed a U.S. Coast Guard-approved fire fighting course within five years from the application date:
 - Masters licensed for 200 gross register tons (GRT) or less on ocean service
 - Master and mate licenses over 200 GRT
 - All engineering officer licenses
 - All Master of Towing Vessels (old OUTV) licenses on ocean domestic trade
 - All Mobile Offshore Drilling Unit (MODU) licenses

- ☐ **Radar Certificate:** Each mariner, whether applying for an original license or renewing a deck license which authorizes service on radar equipped vessels of 300 GRT or more or 26 feet or more in length, must present a valid radar observer certificate from a U.S. Coast Guard-approved course. The certificates are valid for five years. If you do not have a valid radar observer certificate, please review and sign the radar observer form.
- ☐ **STCW:** With very few exceptions, STCW only applies to mariners employed on vessels greater than 200 gross register tons (domestic tonnage), or 500 gross tons (ITC tonnage), operating seaward of the boundary lines specified in Code of Federal Regulations, Title 46, Part 7. For additional information on policy guidance in STCW implementation, visit the website at: <http://www.uscg.mil/stcw/index.htm>, or contact your REC.

Acceptable Documents for Identification/Citizenship

	DOCUMENT	Identification	Nationality	Citizenship	Description / Comment
PHOTO	U.S. Driver's License or ID card issued by state or outlying U.S. Possession	X			Must contain a photograph and information such as name, date of birth, gender, address
	U.S. Passport	X		X	
	Foreign Passport	X	X		
	Merchant Mariner's Document	X		X	Only MMDs issued after February 03, 2003
	ID Badge for Federal Employee (i.e., DHS, DOT, DOD, FBI, etc.)	X			Must contain a photograph and identifying information
	ID Card issued by Federal, State, or local government (including Port Authorities)	X			Must contain a photograph and identifying information
	U.S. Military Identification Card (current and unexpired only)	X			U.S. Military Only
	Law Enforcement Credential	X			Must contain a photograph and identifying information
NON-PHOTO	Birth Certificate or Birth Registration, issued by state, county, municipality or outlying possession of the U.S.	X	X	X	Certified copy acceptable
	Certificate of U.S. Citizenship			X	INS Form N-560 or N-570
	Certificate of Naturalization			X	INS Form N-550 or N-570
	Baptismal Certificate			X	Must be recorded within 1 year of birth. Certified copy acceptable.
	Parish Record			X	Must be recorded within 1 year of birth. Certified copy acceptable.
	Statement of practicing physician certifying attendance at the birth and who possesses a record showing the date and location at which it occurred			X	Certified copy acceptable
	Delayed certificate of birth issued under a state seal in the absence of any collateral facts indicating fraud in its procurement			X	Certified copy acceptable
	Native American Tribal Document	X		X	
	Certificate issued by the consular representative of the country of citizenship		X		
	Declaration of intent to become a citizen of the United States		X		Made by alien after 1929 and issued by a naturalization court.

Two forms of identification are now required to process Merchant Mariner Documents (all MMDs). Above is a list of acceptable identifications for proof of identity and citizenship. At least one of the documents provided must be from the upper portion 'Photo Id' Section. The application may be mailed in with copies of the above documents, however, you must come to an REC to be fingerprinted (fingerprints from other agencies will no longer be accepted) and present the original proof of identification. Original MMDs are additionally required to show to their original Social Security Card prior to issuance. ('Certified Copy' is not notarized, it is 'Certified' by the originating agency).

APPLICATION CHECKLIST

ALL LICENSE/DOCUMENT, STCW-95, AND TANKERMAN APPLICATIONS

- ☐ Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document (CG-719B)
- ☐ Camera Set-Up Form (*if applying for a document*)
- ☐ Two recent passport-style photographs (*if applying for a document or STCW-95 Certificate*)
- ☐ Merchant Mariner Physical Examination Report (CG-719K) or Merchant Marine Certification for Entry Level Ratings (CG-719K/E) (*completed within the past 12 months*)
- ☐ Proof of Sea Service (i.e., original Certificates of Discharge, letter from the employer on company letterhead, or Small Vessel Sea Service Form (CG-719S))
- ☐ Report of Chemical Drug Test (*completed within the past six months*)
- ☐ Appropriate payment (*see User Fees*)
- ☐ Radar Certificate/Acknowledgement of Radar Requirements Form (*deck officers over 200 gross tons and Master of Towing Vessels (OUTV)*)

ADDITIONAL INFORMATION REQUIRED FOR

ORIGINAL LICENSE/DOCUMENT APPLICATIONS

- ☐ Proof of citizenship
- ☐ Proof of nationality and immigration status (non-U.S. citizens)
- ☐ Original Social Security Card
- ☐ Three character references (*Licenses*)
- ☐ Fingerprint Card (FD-258)
- ☐ First Aid/CPR Certificates (*not required for entry level MMD*)
- ☐ Fire Fighting Certificate (*deck officers over 200 gross tons and licensed engineers*)

RENEWAL OF LICENSE/DOCUMENT APPLICATIONS

- ☐ Front and back copy of current license/document
- ☐ Renewal for Continuity Form (*renewing for continuity only*)

STCW-95 APPLICATIONS

- ☐ Basic Safety Training Certificates (i.e., Personal Survival Techniques, Fire Fighting/Fire Prevention, First Aid, Social Responsibilities)
- ☐ Bridge Resource Management (*deck officers*)
- ☐ ARPA/GMDSS Certificates (*deck officers on ARPA/GMDSS equipped vessels*)
- ☐ FCC License for GMDSS (*deck officers*)
- ☐ Proof of proficiency in the use of survival craft (*all licensed mates, masters, engineers, and lifeboatmen*)

TANKERMAN APPLICATIONS

- ☐ Fire Fighting Certificate
- ☐ Dangerous Liquids (DL)/Liquefied Gas Certificate (LG) Proof of Transfers/Service

INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING OF SEAFARERS (STCW)

STCW applies only to mariners employed on vessels operating seaward of the boundary line specified in Code of Federal Regulations, Title 46, Part 7. Mariners on vessels that do not proceed seaward of the boundary are not required to have an STCW certificate.

Under STCW-95, the following personnel are eligible for international validation:

- ☐ Masters and mates licensed for service on vessels 500 or more gross tons (200 GRT) and masters regardless of any tonnage limitation with a letter from their employer stating that they engage in international voyages
- ☐ Engineer officers licensed for service on vessels of 1000 horsepower or more
- ☐ Able seaman on vessels of 500 or more gross tons
- ☐ Tankerman Person In Charge (PIC), Engineer and Assistant (DL and/or LG)
- ☐ Lifeboatman
- ☐ Any rating forming part of a watch in a manned engine room or designated to perform duties in a periodically unmanned engine room of a vessel of more than 1000 horsepower
- ☐ Any rating forming part of a navigational watch on vessels over 500 GT (200 GRT)
- ☐ Every person qualified to perform radio duties or serve as an at-sea maintainer on a ship required to participate in the Global Maritime Distress and Safety System (GMDSS)

Training required to receive your STCW-95 Certificate:

- ☐ Personal Survival Techniques (*all*)
- ☐ Fire Prevention and Fire Fighting (*Basic Fire Fighting*) (*all*)
- ☐ Elementary First Aid (*all*)
- ☐ Personal Safety and Social Responsibilities (*all*)
- ☐ Bridge Resource Management (*deck officers employed on vessels of 500 gross tons (200 GRT) or more*)
- ☐ GMDSS (*deck officers/radio officers employed on vessels equipped with this system*)
- ☐ ARPA (*deck officers employed on vessels equipped with this system*)
- ☐ Proficiency in Survival Craft (Lifeboatman) (*all masters/mates above 200 gross tons, engineers and able seamen*)
- ☐ Advanced Fire Fighting (*all mates and masters above 200 gross tons and all engineers*)

GENERAL TANKERMAN REQUIREMENTS

Licensed officers (deck and engineer) may act as Tankerman under the authority of their license provided that they have not renewed their license after March 31, 1997. If you have renewed your license after March 31, 1997 and wish to perform the duties of Tankerman, you are required to meet the current regulations as stated in Code of Federal Regulations, Title 46, Part 13. A general list of requirements for Tankerman endorsements follows.

- ☐ Applicants must be at least 18 years old
- ☐ Evidence documenting recency of service (25% of sea service and at least two of the required transfers within the past five years from application date)
- ☐ Proof of service in the form of an original letter on company letterhead stating number of transfers, dates performed, and signed by a company representative
- ☐ Basic Fire Fighting Certificate completed within five years of the application date

TANKERMAN PERSON IN CHARGE (PIC)

- ☐ **Service:** 90 days licensed service or 90 days unlicensed service on tank vessels (TVs); five loadings, five discharges, two commencements of loading, two completions of loading, two commencements of discharge, and two completions of discharge
- ☐ Dangerous Liquid (DL) and/or Liquefied Gas (LG) course certificate completed within five years of the application date

TANKERMAN PIC (BARGE)

- ☐ **Service:** 60 days service on TVs or 180 days on tank barges; five loadings, five discharges, two commencements of loading, two completions of loading, two commencements of discharge, and two completions of discharge.
- ☐ Tank Barge Fire Fighting may substitute for Basic Fire Fighting
- ☐ DL and/or LG course certificate completed within five years of the application date

TANKERMAN ASSISTANT

- ☐ **Service:** 90 days service on TVs or a DL and/or LG course certificate completed within five years of the application date

TANKERMAN ENGINEER

- ☐ **Service:** 90 days licensed engineer service on TVs or 90 days unlicensed engineer service on TVs
- ☐ DL and/or LG course certificate completed within five years of the application date

CRIMINAL CONVICTIONS, DRUG USE, DWIs, ETC.

CRIMINAL CONVICTIONS (OTHER THAN MINOR TRAFFIC VIOLATIONS)

- ☐ As defined by 46 CFR 10.103, **conviction** means the applicant for a license or certificate of registry has been found guilty by judgment or plea by a court of record of the United States, the District of Columbia or any State or territory of the United States of a criminal felony or misdemeanor or of an offense described in Section 205 of the National Driver Register Act of 1982 (49 U.S.C. 30304). Conviction of more than one offense at a single trial will be considered to be multiple convictions. 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 forego appeal of a trial court's conviction, then the applicant will be considered to have received a conviction. A later expungement of the conviction will not negate a conviction unless it is proved to the OCMI that the expungement is based upon a showing that the court's earlier conviction was in error.
- ☐ A written statement listing **every** conviction (including DUIs, expunged records, pre-trial diversion). Your statement should include the crime, name and location of the court, date of conviction, sentence received (e.g., 3 years in prison, \$1500 fine), date released from jail (if applicable), and a narrative relating what occurred the day of the crime. If in doubt about the applicability, include the actions.
- ☐ If this information has not been disclosed on a prior application, include a copy of the court documents for any conviction that is less than five years old.

USE OF DANGEROUS DRUGS (INCLUDING MARIJUANA)

- ☐ A written statement listing the name of each dangerous drug you have used (even one time); how often you used it (i.e., regular smoker, once a week for a year, only three times in your life, etc.); and the approximate date of your last use.
- ☐ If this information has not been disclosed on a prior application, include documentation concerning any type of substance abuse rehabilitation/education program that you've attended (if applicable).

COAST GUARD LETTERS OF WARNING OR CIVIL PENALTY ASSESSMENTS, SUSPENSION, REVOCATION, OR VOLUNTARY SURRENDER OF COAST GUARD CREDENTIALS

- ☐ A written statement outlining when and where each event occurred and a brief account of what happened.
- ☐ If this information has not been disclosed on a prior application, also include a copy of any Coast Guard paperwork you have in connection with each event.

SUSPENSION OR REVOCATION OF YOUR DRIVER'S LICENSE FOR REFUSAL TO SUBMIT TO AN ALCOHOL OR DRUG TEST

- ☐ A written statement outlining when and where each event occurred and a brief account of what happened.
- ☐ A copy of your valid driver's license or a letter from the state Department of Motor Vehicles that lists the status of your eligibility to possess a driver's license. The National Driver's Registry will be checked.

TRAFFIC CONVICTIONS FROM FATAL ACCIDENTS, RECKLESS DRIVING, RACING ON THE HIGHWAY, OR OPERATING A MOTOR VEHICLE WHILE UNDER THE INFLUENCE OF, OR IMPAIRED BY, ALCOHOL OR A CONTROLLED SUBSTANCE

- ☐ A written statement outlining when and where each event occurred and a brief account of what happened.
- ☐ If this information has not been disclosed on a prior application, also include:
 - A copy of your valid driver's license or a letter from the state Department of Motor Vehicles that lists the status of your eligibility to possess a driver's license.
 - A copy of the court documents for any conviction that is less than five years old.

REQUIRED MEDICAL INFORMATION

A medical waiver from the Officer In Charge, Marine Inspection (OCMI) is required whenever a Merchant Mariner Physical Examination Report (CG-719K) reveals a medical condition that may affect your ability to perform the duties of the license or MMD applied for. Please provide a signed medical history statement from your doctor under his letterhead that includes the information below.

STANDARD INFORMATION REQUIRED

1. The date on which the diagnosis was made.
2. A complete list of medications (current and past), including dosage and possible side effects.
3. Any limitations in the performance of your professional duties.
4. A prognosis of the potential deterioration or correction of your condition.

Medical conditions include: heart problems, high blood pressure, diabetes, severe speech impediment, thyroid dysfunction, epilepsy, seizures, paralysis, blood disorder, severe digestive disorder, chronic renal failure, communicable disease, asthma, lung disease, psychiatric disorder, depression, attempted suicide, loss of memory, dizziness, fainting, periods of unconsciousness, sleepwalking, recent or repetitive surgery, impaired range of motion, and impaired balance or coordination.

AMPLIFYING INFORMATION (REQUIRED FOR SPECIFIC CONDITIONS)

Amputation	An explanation of what caused the amputation is required (e.g., accident, illness). If an illness is the cause, the standard information listed above is required regarding the specific illness.
Vision Problem	Results of a recent (within one year) vision exam is required that includes both uncorrected and corrected vision, field of vision, and color vision.
Hearing Problem	A recent (within one year) hearing test is required that includes unaided hearing threshold, aided threshold, and speech discrimination at 55db in each ear.
Use of Prescription Medication	The standard information listed above is required for the condition that requires the prescription medication.
Asthma	A recent (within 30 days) pulmonary function test is required.
Diabetes	The results of a recent (within 30 days) HgbA1c (diabetic) test. A prognosis regarding possible affects the diabetes may have on your vision.
High Blood Pressure	A recent (within 30 days) blood pressure reading. If prescribed medications require close monitoring in any form, the results of a treadmill exercise stress test taken within one year, including an interpretation of the result by either a doctor or cardiologist is required. If your condition does not require close monitoring of any form, you must provide a statement from your doctor or cardiologist explaining "a treadmill exercise stress test is not necessary since your condition is (1) well controlled and (2) does not require close monitoring."
Heart Disease Vascular Disease Heart Surgery	A recent (within 30 days) blood pressure reading. The results of a treadmill exercise stress test taken within one year, including an interpretation of the result by either a doctor or cardiologist, is required.

INSTRUCTIONS FOR COMPLETING ENCLOSED FORMS

Read all forms carefully. Print legibly or type all information on the forms with the exception of your signature. Enter all information in full; do not use abbreviations. If a block or section does not apply to you, enter "N/A".

- ☐ **Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document (CG-719B):** This is required for ALL license, document, and STCW transactions. The oath sections for **original** licenses and documents should be signed and witnessed by a U.S. Coast Guard Official. This will help speed the issuance process. Refusal to sign page 2, National Driver Registry (NDR) authorization, could preclude you from receiving a license/document. The signature for the Mariner's Tracking System is purely voluntary. Please ensure that you have signed Sections III and VI. *See Criminal Convictions, Drug Use, DWIs, etc. for additional information concerning criminal convictions, drug use, military service, previous Coast Guard actions against you, DWI/DUI, or traffic convictions.*
- ☐ **Camera Set-Up Form:** This form is required for ALL MMD applications (i.e., original, renewal, and endorsement). Include a recent (within one year) passport-sized photo and sign your name in the center of the signature box using a medium to wide point black ink pen.
- ☐ **Physical Forms:**
 - ☐ **Merchant Mariner Physical Examination Report (CG-719K):** This is required for all originals, renewals, and raise-in-grades of licenses and documents except entry level documents. Ensure the physician provides his or her license number, address, and telephone number. The type of color vision test must be indicated on the form. The physical must be dated within one year of the application date.
 - ☐ **Merchant Marine Certification for Entry Level Ratings (CG-719K/E):** This is required only for persons applying for an entry level document (i.e., Ordinary Seaman, Wiper, or Steward's Department). This form cannot be used if applying for an STCW-95 Certificate. Ensure that the physician provides his or her license number, address, and telephone number.
- ☐ **DOT/USCG Periodic Drug Testing Form (CG-719P):** The use of this form is not required however, you must prove that you are drug free. The back of the form lists the methods available to you to satisfy the drug testing requirements.
- ☐ **Sea Service Forms:**
 - ☐ **Sample Sea Service Letter:** A template is provided for companies to document a mariner's sea service.
 - ☐ **Small Vessel Sea Service Form (CG-719S):** This form is typically used for original and renewed licenses for masters and mates on vessels up to 1600 GRT.
- ☐ **Acknowledgement of Radar Requirements:** The acknowledgement is required for all licensed deck officers.
- ☐ **Renewal for Continuity Form:** This form is required only if you wish to renew your license/document and you do not meet the renewal requirements of the Code of Federal Regulations, Title 46, Part 10, Section 209. When you renew for continuity, you are **not** allowed to sail under the authority of your license/document.

SAMPLE COMPANY LETTER
RANDOM DRUG TESTING PROGRAM

<COMPANY LETTERHEAD>

<DATE>

U.S. Coast Guard
Regional Examination Center
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear Sir,

Please be advised that <EMPLOYEE NAME> <SOCIAL SECURITY NUMBER> is employed by our company as a <POSITION>.

During the previous 185 days, <EMPLOYEE NAME> has been subject to a random testing program required by Code of Federal Regulations, Title 46, Section 16, Part 230 for at least 60 days and did not fail or refuse to participate in a chemical test for dangerous drugs required by this part.

*** The above statement can be included as part of a sea service letter ***

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both (18 U.S.C. 1001).

I certify that this statement is true and correct to the best of my knowledge and is in accordance with the warning notice listed above (18 U.S.C. 1001).

<SIGNATURE BY AUTHORIZED COMPANY REPRESENTATIVE>

SAMPLE COMPANY LETTER

SEA SERVICE LETTER

<COMPANY LETTERHEAD>

<DATE>

U.S. Coast Guard
Regional Examination Center
<ADDRESS>
<CITY>, <STATE> <ZIP>

Dear Sir,

Please be advised that <EMPLOYEE NAME> <SOCIAL SECURITY NUMBER> is employed by our company as a <POSITION>. The following is an accumulation of <EMPLOYEE NAME>'s seetime.

<u>Vessel Name</u>	<u>Official Number</u>	<u>Type</u>	<u>Tons</u>	<u>HP</u>	<u>Position</u>	<u>From</u>	<u>To</u>	<u>Days Underway</u>
<i>** SAMPLE FORMAT **</i>								
Total Days Underway: <u><NUMBER OF DAYS></u>								

The listed seetime consists of <8 OR 12> hour days underway on <WATERS (WESTERN RIVERS/INLAND/NEAR COASTAL/OCEANS)>.

Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals, or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious, or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned for not more than 5 years or both (18 U.S.C. 1001).

I certify that this statement is true and correct to the best of my knowledge and is in accordance with the warning notice listed above (18 U.S.C. 1001).

<SIGNATURE BY AUTHORIZED COMPANY REPRESENTATIVE>

SAMPLE ACKNOWLEDGEMENT OF RADAR REQUIREMENTS FORM



U.S. COAST GUARD REGIONAL EXAMINATION CENTER

This is to acknowledge that I, _____ have been informed by the U.S. Coast Guard Regional Examination Center of the following: Each person in the required compliment of licensed deck officers, including the master on inspected vessels of 300 gross tons or over which are radar equipped, and each person licensed after 01 JUN 95 for employment or service as master, mate, or operator on board uninspected towing vessels of 8 meters (approximately 26 feet) or more in length, if radar equipped, shall hold a valid license with a valid endorsement as Radar Observer appropriate for the route of the vessel. I also have been informed that the manning requirements for radar observer are published in Code of Federal Regulations, Title 46, Part 15, Section 815.

<DATE>

<SIGNATURE OF APPLICANT>

<PRINTED NAME OF APPLICANT>

<SOCIAL SECURITY NUMBER>

**U. S. COAST GUARD NATIONAL MARITIME CENTER
MERCHANT MARINER CREDENTIAL APPLICATION ACCEPTANCE CHECKLIST**

Below is a list of items that constitute an application for a U. S. Coast Guard Merchant Mariner Credential (MMC). The MMC application package must be submitted to your local Regional Examination Center and may be delivered via mail. In person visits are no longer required. DO NOT submit your MMC application package directly to the National Maritime Center (NMC) as this will result in significant delays.

"READY TO BE EVALUATED" CRITICAL ITEMS:

- ☐ **Transportation Workers Identification Card (TWIC):** *(For all transactions)* - Provide evidence that you either hold a valid TWIC (photocopy of TWIC) or have applied for a TWIC (TWIC application receipt). **IMPORTANT - FAILURE TO PROVIDE THE ABOVE WILL RESULT IN YOUR MMC APPLICATION BEING RETURNED TO YOU.**
- ☐ **Evaluation User Fee:** Pay via credit card or bank account using <https://www.pay.gov>. IMPORTANT – PRINT AND INCLUDE YOUR PAYMENT RECEIPT AS PROOF OF PAYMENT.
- ☐ **CG Form 719B Application:** Be sure to read & accurately complete this entire form. Double check your mailing address & contact info. IMPORTANT – EVERY PERSON WHO RECEIVES AN ORIGINAL CREDENTIAL MUST FIRST TAKE AN OATH. THE OATH MAY BE ADMINISTERED BY A DESIGNATED COAST GUARD INDIVIDUAL OR ANY PERSON LEGALLY PERMITTED TO ADMINISTER OATHS IN THE JURISDICTION WHERE THE PERSON TAKING THE OATH RESIDES (E.G. NOTARY).
- ☐ **Form I-551 Alien Registration Card:** A front and back photocopy copy of your Form I-551 Alien Registration Card. IMPORTANT – THIS APPLIES TO FOREIGN NATIONALS APPLYING FOR RATING ENDORSMENTS; YOU MUST SHOW LAWFUL ADMITTANCE TO THE UNITED STATES FOR PERMANENT RESIDENCE (FORM I-551).
- ☐ **Signed Conviction Statement:** At the time of application, each applicant must provide written disclosure of all convictions not previously disclosed to the Coast Guard on an application.
- ☐ **Three (3) Character References:** This only applies to applications for *original* officer endorsements. Please see Title 46, Code of Federal Regulations part 11.205(c) for complete details.
- ☐ **CG Form 719K Physical Examination Report:** To be used for all *original, renewal, and raise of grade officer & qualified rating endorsement applications*. Applications for entry-level (ordinary seaman, wiper, stewards dept) endorsements should use the [CG Form 719K/E Entry-Level Physical Examination Report](#). Be sure that your medical practitioner completed **ALL PARTS** of the form, including signature, and that it is dated within 12 months of your application (*note: raise of grade transactions are 36 months).
- ☐ **CG Form 719P Chemical Testing Report:** This applies to all *original, renewal and the following raise of grade* transactions (any officer endorsement or first qualified rating endorsement). The chemical test report must be dated with six (6) months of your application. A letter from your marine employer or chemical testing consortium group, on company letterhead, may be used in lieu of this form.
- ☐ **Front and back photo-copy of license, merchant mariner's document and STCW endorsement** *(If Applicable)*
- ☐ **Authorization: 3rd party info release or different correspondence/credential mailing address** *(If Applicable)*
- ☐ **Evidence of appropriate sea service**
- ☐ **Photocopies of all applicable Training Course Certificate(s)**

**** IMPORTANT ****

All documents provided are subject to verification with the issuing authority. If any of the items displayed in the above box are missing at the time of application, you will be provided a "Notification of Incomplete Application" letter. From the date of this letter you will have 60-days to provide the missing information to the Regional Examination Center. If the missing information is not provided within the 60-day period, your application will be returned to you.

U. S. Coast Guard Regional Exam Centers

- Once you have completed your application packet you can either mail it or turn it in by appointment to one of the below Regional Exam Centers (REC).
- If mailing it please utilize one of the below addresses. It is best to send to your nearest REC.
- If you plan on going to the Regional Exam Center to turn it in please visit the NMC website at www.uscg.mil/nmc to schedule an appointment. Once here click on REC Information and then choose the REC you will be visiting. Click on Appointments and follow the directions.
- If you have any questions please call us at 1-888-427-5662 or email at IASKNMC@uscg.mil

NOTE! Do not mail applications to the National Maritime Center in Martinsburg, WV.

USCG- REC Anchorage Address: 800 E. Diamond Bldg. Suite 3-227 Anchorage, AK 99515 Fax: (907)-271-6742 Hours: 7:30 am – 3:30 pm	USCG-REC Juneau Address: 9105 Mendenhall Mall Road Suite 170 Juneau, AK 99801-8545 Fax: (907) 463-2482 Hours: 8:00 am- 4:00 pm	USCG-REC Portland Address: 911 NE 11 th Avenue Room# 637 Portland, OR 97232-4169 Fax: (503) 231-6738 Hours: 7:30 am- 3:30 pm
USCG-REC Baltimore Address: U.S. Customs House Rm. 420 40 South Gay Street Baltimore, MD 21202-4022 Fax: (410) 962-0930 Hours: 7:30 am- 3:30 pm	USCG-REC Long Beach Address: 501 W. Ocean Blvd. Suite 6200 Long Beach, CA 90802 Fax: (562) 435-1050 Hours: 7:00 am- 3:00 pm	USCG-REC Seattle Address: 915 Second Ave. Room 194 Seattle, WA 98174-1067 Fax: (206) 220-7329 Hours: 7:30 am- 3:30 pm
USCG-REC Boston Address: 455 Commercial Street. Boston, MA 02109-1045 Fax: (617)-223-3034 Hours: 8:00am- 4:00 pm	USCG-REC Memphis Address: 200 Jefferson Ave. Suite 1301 Memphis, TN 38103 Fax: (901)-544-3372 Hours: 8:00 am- 4:00 pm	USCG-REC Oakland Address: Oakland Federal Building N. Tower 1301 Clay Street, RM 180 N. Oakland, CA 94612-5200 Fax: (510) 637-1126 Hours: 8:00 am- 4:00 pm
USCG-REC Charleston Address: 196 Tradd St. Charleston, SC 29401 Fax: (843) 720-3259 Hours: 7:30 am- 3:30 pm	USCG-REC Miami Address: Claude Pepper Federal Bldg. 51 S.W. 1 st Ave. 6 th Floor Miami, FL 33130-1608 Fax: (305)-536-4304 Hours: 8:00 am- 4:00 pm	USCG-REC St. Louis Address: 1222 Spruce St. Room 7.105 St. Louis, MO 63103-2846 Fax: (314) 269-2733 Hours: 7:30 am- 3:30 pm
USCG-REC Honolulu Address: 433 Ala Moana Blvd. Honolulu, HI 96813-4909 Fax: (808)-522-8277 Hours: 7:00 am- 3:00 pm	USCG-REC New Orleans Address: 4250 Hwy. 22 Suite F Mandeville, LA 70471 Fax: (985) 624-5757 Hours: 8:00 am- 4:00 pm	USCG-REC Toledo Address: 420 Madison Ave. Suite 700 Toledo, OH 43604-1265 Fax: (419)-259-7558 Hours: 7:30 am- 3:30 pm
USCG-REC Houston Address: 8876 Gulf Freeway, Suite 200 Houston, TX 77017-6595 Fax: (713)-948-3360 Hours: 7:00 am- 3:00 pm	USCG-REC New York Address: Battery Park Building 1 South Street New York, NY 10004-1466 Fax: (212)-668-6394 Hours: 8:00 am- 4:00 pm	

Transportation Workers Identification Card (TWIC)

As of April 15, 2009 all Merchant Mariners must have a valid TWIC card in order for their credential to be valid. When applying for your Merchant Mariner Credential you must provide evidence that you either hold a valid TWIC or have applied for a TWIC.

If you already have a TWIC card please make a copy of the front and back of your TWIC card and include this with your application packet. If you have applied for your TWIC card please include a copy of your receipt.

If you do not hold or have not applied for a TWIC card you can get information on how to do this by visiting www.tsa.gov or calling 1-866-347-8942 and pressing option 5.

Please ensure that when you apply for your TWIC card that you select Merchant Mariner under the occupation field. If you already applied and did not do this please contact 1-866-347-8942 and select option 5.

Mariner Fees

Below is a list of fees for the various Mariner credentials issued by the US Coast Guard. Each submitted application is subject to an evaluation, examination, and issuance fee. All fees required may be paid at the time the application is submitted or at the following times:

- Evaluation fee when the application is submitted.
- Examination fee before the first examination section is taken.
- Issuance fee before receipt of the MMC.

Fee payment(s) must be made in the exact amount and may be paid by check or credit card. Checks should be written out to the US Coast Guard. The preferred method for submitting payment is by visiting [Pay.Gov](https://www.pay.gov). Once on [Pay.Gov](https://www.pay.gov) select Agency List/ Click on U/ Select United States Coast Guard/ Select USCG Merchant Mariner User Fee Payment and follow the directions. If [Pay.Gov](https://www.pay.gov) is utilized please ensure that you include a copy of your receipt in your application packet.

If you apply for	And you need . . .		
	Evaluation then the fee is . . .	Examination then the fee is . . .	Issuance then the fee is . . .
MMC with officer endorsement:			
Original:			
Upper level	\$100	\$110	\$45
Lower level	100	95	45
Renewal	50	45	45
Raise of grade	100	45	45
Modification or removal of limitation or scope	50	45	45
Radio officer endorsement:			
Original	50	45	45
Renewal	50	n/a	45
Staff officer endorsements:			
Original	90	n/a	45
Renewal	50	n/a	45
MMC with rating endorsement:			
Original endorsement for ratings other than qualified ratings	95	n/a	45
Original endorsement for qualified rating	95	140	45
Upgrade or Raise of Grade	95	140	45
Renewal endorsement for ratings other than qualified ratings	50	n/a	45
Renewal endorsement for qualified rating	50	45	45
STCW certification:			
Original	No fee	No fee	No fee
Renewal	No fee	No fee	No fee
Reissue, replacement, and duplicate	n/a	n/a	¹ \$45

Pay.Gov Instructions

Please use the below instructions to submit payment for your credential via Pay.Gov. When submitting your application, please ensure that you include a copy of your receipt.

- Go to www.pay.gov
- Click on Agency List, which is located under the section labeled “What Federal Agencies Can I Pay?”
- Select U and then click on United States Coast Guard. Select USCG Merchant Mariner User Fee Payment. This will bring you to a list of definitions that can be reviewed if needed.
- Select Continue and enter all required information and select what evaluation fee you will be paying. Please see Mariner Fees, enclosed within this packet, for guidance on which fee to select. **Please note: The evaluation fee must be paid prior to submitting an application.**
- Click on Continue. And choose the examination fee that is applicable. **Please note: All applications don’t require an examination fee. The fee can be paid at the same time as your evaluation fee or you can choose to pay it prior to going to the Regional Exam Center to test.**
- Place a checkmark beside the \$45 Issuance fee. **Please note: The issuance fee can be paid at the same time as your evaluation fee or you can choose to pay it at a later date. Your completed credential cannot be mailed until this fee is paid.**
- Select Continue. This will take you to the summary page. Click on Continue to proceed to the user-fee payment form. You can use your credit card or bank account in order to submit payment. Choose your method of payment and select Continue. Fill in required account information and select Continue.
- Once you hit continue you will be provided with a payment receipt. Print a copy for your records and print another one for your application packet.

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719K Rev. (01-09)	Merchant Mariner Credential Medical Evaluation Report	OMB-1625-0040 Expires 6/30/2012
<ul style="list-style-type: none"> Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigational and Vessel Inspection Circular (NVIC) 4-08. Additional information is also available at the National Maritime Center (NMC) Homeport website at: http://homeport.uscg.mil/mmcmmedical Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662) 		
Who must submit this form?		
<ul style="list-style-type: none"> ▶ Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form or its equivalent, containing the same information, and submit it to the U.S. Coast Guard. ▶ Guidance for required submission of this form is contained in Enclosure (1) of NVIC 4-08. 		
Instructions for Applicants		
<ul style="list-style-type: none"> ▶ Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV. 		
<ul style="list-style-type: none"> ▶ Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form. 		
<ul style="list-style-type: none"> ▶ Applicants should also complete the release in section II of this form. 		
Privacy Act Statement		
<p>As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.</p>		
<ol style="list-style-type: none"> Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5). Principal purposes for which information is used: <ol style="list-style-type: none"> To determine if an applicant is physically capable of performing their duties. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed. The routine uses which may be made of this information: <ol style="list-style-type: none"> This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential. 		
<p>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 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.</p>		

Applicant Name: _____

Date of Birth: _____

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719B (Rev 03/04)-I5	Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document	OMB 1625-0040 Expires 06/30/2012 Page 1
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Section I - Personal Data				(For CG Use Only) Date Application Received	
Last Name (Maiden Name if Applicable)		First Name	Middle Name	Suffix	Social Security Number
Date of Birth (MM-DD-YYYY)		Place of Birth (City, State, Country)			Country of Citizenship
Color of Eyes	Color of Hair	Height (ft-in)		Weight (lbs)	
Mailing Address, City, State, Zip Code (PO Boxes acceptable)			Phone Number		
			Fax Number		
			E-mail Address		
Next of Kin's Name			Relationship		
Next of Kin's Mailing Address, City, State, Zip Code			Next of Kin's Phone Number		
			Next of Kin's E-mail Address		

Parental or Guardian's Consent
☐ I am under 18 years old and a notarized statement of parental/guardian consent is attached.

Section II - Type of Transaction					
Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificate of Discharge Sea Service					

***If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

Applying for: Grade of License(include tonnage, waters, propulsion mode, horsepower, etc.);or MMD rating (Able Seaman, QMED-Oiler, etc.)

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State Current or Previous License/Merchant Mariner's Document		
Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

**Application for License as an Officer, Staff Officer, or
Operator and for Merchant Mariner's Document**

Section III - Narcotics, DWI/DUI, and Conviction Record

Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Yes No Indicate your answers to the following questions; sign and date at the bottom of this section.

<input type="checkbox"/>	<input type="checkbox"/>	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? (This includes marijuana.) (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been a user of/or addicted to a dangerous drug, including marijuana? (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? (If yes, attach statement)
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? (If yes, attach statement)

I have attached a statement of explanation for all areas marked "yes" above. I signed this section with understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.

<input checked="" type="checkbox"/> Signature of Applicant agreeing to the above statement	Date
--	------

Section IV - Character References (For Original License Applicants Only)

☐ I am an Original License Applicant and have attached three letters of written recommendation

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): 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. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

<input checked="" type="checkbox"/> Signature of Applicant	Date
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Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner's Tracking 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 in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC-4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203-1804

<input checked="" type="checkbox"/> Signature of Applicant	Date
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DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719B (Rev 03/04)-F5	Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document	OMB 1625-0040 Expires 06/30/2012 Page 3
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Section VI - Certification and Oath

Certification (Mandatory)

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates 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.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

<input checked="" type="checkbox"/> Signature of Applicant agreeing to the above statement	Date
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Oath (For originals only. Coast Guard official must witness applicant signature.)

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.

<input checked="" type="checkbox"/> Signature of Applicant	Date	<input checked="" type="checkbox"/> Signature of Coast Guard Official	Date
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U.S. Coast Guard Use Only

Section VII - REC Application Approval

Signature of Approving Official	REC	Date of application approval
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Section VIII - REC Citizenship Verification & Credential Issuance

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued	Document Rating(s) Issued
Issue Number	License Serial Number
Expiration Date	MMD Serial Number
	Expiration Date

☐ Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date
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Section IX - NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized
Signature of Approving NMC Official
Date

**Application for License as an Officer, Staff Officer, or
Operator and for Merchant Mariner's Document**

PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION

- A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
- B. SEE 46 CFR PARTS 10 AND 12.

2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.

- A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
- B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
- C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.

3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:

- A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
- B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
- C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
- D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
- E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
- F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
- G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.

4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"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 Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

Check Form



October 30, 2009

Instruction Guide to the Merchant Mariner Physical Examination Report (CG-719K & K/E)

Background: The Coast Guard is releasing a new version of the Merchant Mariner Credential Medical Evaluation Report (CG-719 K) and the Merchant Mariner Evaluation of Fitness for Entry Level Ratings (CG-719 K/E) forms to facilitate obtaining objective medical information which will enable the Coast Guard to make a more accurate assessment of mariner fitness for duty with the overall goal of reducing risk to maritime and public safety.

The revised CG 719K and 719K/E forms more clearly align the Merchant Mariner Credentialing process with the guidelines set forth by [Navigation and Vessel Inspection Circular 04-08 \(NVIC\), MEDICAL AND PHYSICAL EVALUATION GUIDELINES FOR MERCHANT MARINER CREDENTIALS](#). This NVIC provides guidance for evaluating the physical and medical conditions of applicants for merchant mariner credentials. The new CG 719K and 719K/E forms are designed to be used primarily in conjunction with [Enclosure \(3\) of the NVIC](#). Enclosure (3) contains a non-exhaustive list of medical conditions subject to further review and supplemental medical data that should be submitted for such medical review. The use of NVIC 04-08 will serve to facilitate obtaining objective medical evidence of an applicant's physical condition as it relates to the ability to safely perform their Merchant Mariner duties. Without this supporting documentation, the medical evaluation process is delayed due to the need to solicit additional medical information. To prevent delays in processing credential applications, mariners and physicians are highly encouraged to use NVIC 04-08 in conjunction with the new physical examination forms. If these forms are properly completed and the additional relevant medical documentation indicated by NVIC 04-08 encl (3) is provided, even those mariner applicants with significant medical conditions should expect to see reduced processing times for their applications.

General instructions are provided through out the form in order to assist both the examiner and the mariner in providing the correct information.

Which form to use? The CG-719 K/E should be used only by mariners seeking an entry level credential. This form is limited to applicants for the following rating endorsements: Ordinary Seaman, Wiper, or Steward's Department (food handler). The CG-719K should be used for all other endorsement applications.

Mariner physical exams completed on or after January 1, 2010 must be on the new CG719K or K/E (Rev 01/09). Physicals completed and signed on previous versions of the form prior to January 1, 2010 will continue to be accepted provided they are dated within one year of the application.

Sincerely,
David C. Stalfort
Captain, U. S. Coast Guard

Encl: (1) 719K/E Instructions
(2) 719K Instructions

719K/E Instructions

Section I and II should be filled in entirely. The examiner should fill in weight and body mass index. The BMI calculation is discussed on the Centers for Disease Control and Prevention website and may be calculated based on height and weight. A useful link to an adult BMI calculator can be found at: http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm

Section III Physical Ability Certification must be completed:

1. Credential applicants should be physically able to perform assigned shipboard functions and meet the physical demands that would reasonably arise during an emergency response. As used in this context, an “*emergency response*” refers to emergency evolutions such as abandon ship and firefighting, and the basic procedures to be followed by each mariner.
2. If the examining 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 40.0 or higher, the practitioner should require that the applicant demonstrate the ability to meet the guidelines. 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 fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported on the CG-719K/E as appropriate. All demonstrations of ability should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant and other aid devices such as prescription glasses may be used by the applicant in all practical demonstrations except when the use of such would prevent the proper wearing of mandated personal protective equipment (PPE).

The examiner must check the box certifying whether the mariner does or does not have the physical strength, agility, and flexibility to perform the listed tasks. The examiner should check the “**Competent**” box if the applicant is able to complete all Physical Ability tests satisfactorily, or there are no physical impairments that would preclude such completion.

The examiner should check the “**Not Competent**” box if any one of the listed items was not completed satisfactorily. If the applicant is unable to perform any of the following functions, the examiner should provide information on the degree or the severity of the applicant's inability to meet the standards.

The examiner should check “**Needing Further Review**” in the event that the Physical Ability cannot be assessed (e.g. equipment or opportunity to complete equivalent tasks not available).

The examiner must provide their name, office address, License Number, telephone numbers, and signature with date.

Section IV: The applicant must sign and date Section IV

719K Instructions

Pages 1- 2: Provide general instructions for both the applicant and the medical practitioner completing this form. The applicant must print their name and date of birth on the bottom of each page of the CG 719K.

Page 3:

Section I – Applicant Information: The applicant must complete **Section I** entirely, including their signature. An Alien Registration Number may be entered in lieu of a Social Security Number. It is recommended that mariners provide good telephone contact information (home, work, cell) as our medical evaluators may be able to resolve simple issues over the phone.

Section II - Release: Completion of **Section II** is voluntary. Mariners may be able to avoid potential delays in the medical evaluation process by authorizing their verifying medical practitioner to release or discuss pertinent information directly with the Coast Guard Mariners wishing to authorize release need to print their name, sign and date this section.

Page 4

Section III - Medications: The applicant must either check “NONE” if not taking any medications or provide the names of the medications, dosage, and the reason the medication has been prescribed for medications used within 30 days prior to the date of the 719K, or medications used for a period of 30 or more days within the last 90 days prior to the date of the 719K. The (VMP) should review the list of medications for accuracy. See the example below.

Page 4 of 9 of CG-719K Rev. 01-09

Section III - Medications <i>(must be completed by applicant and reviewed by verifying medical practitioner)</i>
Credential applicants who are required to complete a general medical exam are required to report all prescription medications prescribed, filled or refilled and/or taken within 30 days prior to the date that the applicant signs the CG-719K or approved equivalent form. In addition, all prescription medications, and all non-prescription (over-the-counter) medications including dietary supplements and vitamins, that were used for a period of 30 or more days within the last 90 days prior to the date that the applicant signs the CG-719K or approved equivalent form, must also be reported.
The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items. <ol style="list-style-type: none">1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.
Additional sheets may be added by the applicant and/or qualified medical practitioner if needed to complete this section <i>(include applicant name and date of birth on each additional sheet)</i> .
If none, check “NONE.” <input type="checkbox"/> NONE
Lisinopril 10mg, one pill a day for high blood pressure
Atenolol 50 mg; one pill a day for heart rate control and blood pressure
Glucophage 500mg, 1 pill twice a day for my diabetes
Aspirin 325 mg, one tab a day for blood thinning
Colace 500 mg, one as needed for regularity
Multivitamin, one a day for dietary supplementation

Section IV - Certification of Medical Conditions:

The applicant must check all the medical conditions/diagnoses that apply. See the example below. The VMP should elaborate on the medical conditions checked by providing comments on 1) the identified condition, 2) list any limitations caused by the condition, 3) is the condition controlled, 4) approximate date of diagnosis, 5) prognosis, and 6) any additional information about the condition. Conditions of concern are those with the potential to cause sudden incapacitation, or have the potential to deteriorate significantly over the next 5 years. In general, medical conditions qualify for a waiver when the conditions are sufficiently controlled to mitigate risk to maritime and public safety. In order to determine whether or not a medical condition is controlled, objective documentation is required as outlined in NVIC 04-08 encl (3). For example, it is not sufficient to only indicate “CAD with MI and CABG in 2004, stable” Supporting objective medical documents would include a recent cardiology evaluation, recent report of GXT (Bruce protocol to at least 8.0 METS), a recent echocardiogram report to assess LVEF and perhaps the coronary catheterization and operative reports from 2004. Recent reports should be no more than 12 months old.

Not every condition listed on the 719K will be specifically referenced in the NVIC. Some conditions are more descriptive, rather than diagnostic. In these cases, an evaluation of the underlying cause of the condition should be obtained from a relevant specialist. For example, fainting spells or loss of consciousness (72) may require a cardiology, neurology or endocrine evaluation based upon the etiology of the symptoms. Any other condition not specifically referenced in the NVIC, the examiner should obtain an evaluation from the relevant medical specialist.

1. Identify the Condition			3. Is Condition Controlled?		5. Prognosis		
2. List Any Limitations			4. Approximate Date of Diagnosis		6. Additional Information		
	YES	NO		YES	NO		
1.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ear surgery.	45.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney stones
2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hearing loss, hearing aid	46.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Protein/sugar/blood in urine
3.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Impaired speech or stuttering	47.	<input type="checkbox"/>	<input type="checkbox"/>	Back surgery or injury
4.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Deformities of face	48.	<input type="checkbox"/>	<input type="checkbox"/>	Ruptured/herniated disc
5.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Open tracheostomy	49.	<input type="checkbox"/>	<input type="checkbox"/>	Fractures requiring surgery
6.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Poor vision	50.	<input type="checkbox"/>	<input type="checkbox"/>	Limitation of any major joint
7.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of eye disease or injury	51.	<input type="checkbox"/>	<input type="checkbox"/>	Bone or joint surgery
8.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of eye surgery	52.	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated joint
9.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abnormal color vision	53.	<input type="checkbox"/>	<input type="checkbox"/>	Recurrent neck or back pain
10.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Glaucoma	54.	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joint
11.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asthma	55.	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or bursitis
12.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Emphysema or COPD	56.	<input type="checkbox"/>	<input type="checkbox"/>	Trick or locked knee
13.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Collapsed lung/pneumothorax	57.	<input type="checkbox"/>	<input type="checkbox"/>	Amputation or prosthesis
14.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat	58.	<input type="checkbox"/>	<input type="checkbox"/>	Carpal tunnel
15.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart murmur or valve replacement	59.	<input type="checkbox"/>	<input type="checkbox"/>	Difficulty walking or climbing
16.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chest pain or angina	60.	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis or nerve pain
17.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart attack/ myocardial infarction	61.	<input type="checkbox"/>	<input type="checkbox"/>	Other bone/joint disorder
18.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Congestive heart failure	62.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Motion/sea sickness
19.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Heart surgery/stent/angioplasty	63.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Impaired balance, or balance disorder or difficulty
20.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pacemaker or defibrillator	64.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vertigo or dizziness
21.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any other heart condition	65.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Numbness or paralysis
22.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	High blood pressure/hypertension	66.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Head injury or skull fracture
23.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aneurysm or blockages	67.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seizures or epilepsy
24.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pulmonary embolus or blood clots	68.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Recurrent headaches
25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gastrointestinal bleeding or ulcers	69.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Narcolepsy
26.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Crohn's disease or ulcerative colitis	70.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sleep apnea
27.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hepatitis or jaundice	71.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Restless leg
28.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gallbladder problems or stones	72.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fainting spells or loss of consciousness
29.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Intestinal surgery	73.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stroke or TIA
30.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any form of cancer	74.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Brain tumor
31.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anemia	75.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other brain or nerve disease
32.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hemophilia or polycythemia	76.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ADD, ADHD, or bipolar
33.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Any other blood disorders	77.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Depression
34.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Thyroid disease	78.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	History of suicide attempt
35.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Diabetes	79.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Schizophrenia
36.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HIV or AIDS	80.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Anxiety
37.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lymphoma or leukemia	81.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alcohol or substance abuse
38.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tuberculosis	82.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Loss of memory or amnesia
39.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Neurofibromatosis	83.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other psychiatric disease or counseling
40.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Skin tumors or cancer	84.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sleepwalking
41.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Scleroderma	85.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bedwetting since age 12
42.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Lupus	86.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sex change
43.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney transplant or dialysis	87.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Allergic reactions
44.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kidney disease or cancer	88.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Any other disease, surgery or hospitalization

Condition #	Comment
#14	Chronic A-fib;diagnosed 2004;asymptomatic;controlled ventricular rate; Rx Coumadin; INR therapeutic;great prognosis;see cardiology consult ETT (Bruce) & EKG
#22	Diagnosed HTN '04, controlled w/Lisinopril, no impairing side effects, no limitations; good prognosis
#35	DMII dx '01, controlled w/ oral meds, excellent prognosis, no limitations, no diabetic complications; ophthalmology and PCM evals and lab studies attached (2 HgBA1c and FBS)
#88	Gunshot wound RLE '94, no limitations, fully healed, no sequeale, no meds, great prognosis.

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Section V(a) - Visual Acuity:

The VMP must complete the mariner's Visual Acuity. If any block is marked "Abnormal", information should accompany the CG 719K to explain. For applicants using corrective lenses, the VMP must include both uncorrected and corrected distant vision testing. Current deck standards require an applicant to have correctable vision to at least 20/40 in one eye and uncorrected vision of at least 20/200 in the same eye. Current engineering, radio operator, tankerman and MODU standards require an applicant to have correctable vision of at least 20/50 in one eye and uncorrected vision of at least 20/200 in the same eye. See NVIC 04-08 encl (5) for further guidance.

Section V(b) - Color vision:

Current regulations require all applicants to submit the results of color vision testing. The color vision test performed should be selected from the list provided, and the 719K must be checked *normal* or *abnormal*. If any block is checked "Abnormal", information must accompany the CG 719K to explain. Any alternative test must be approved by the USCG prior to sending the examination report. The use of unapproved alternative testing will likely cause delays in the medical evaluation process. The use of color sensing lenses is prohibited. See NVIC 04-08 encl (5) for further guidance.

Section VI: - Hearing:

It is not necessary to submit an audiogram for an applicant with normal hearing. If hearing is abnormal, the applicant must submit the results of audiogram testing to include functional speech discrimination at 55dB. The frequency responses for each ear are averaged to determine the measure of an applicant's hearing ability. Current regulations have changed the hearing standard from 30dB average at 500 Hz, 1000Hz, 2000Hz and 3000Hz to 20dB in each ear. See NVIC 04-08 encl (5) for further guidance.

Pages 7 and 8

Section VII (a) - Physical information

The VMP should complete all items. The BMI calculation is discussed on the Centers for Disease Control and Prevention website and may be calculated based on height and weight. A useful link to an adult BMI calculator can be found at: http://www.cdc.gov/nccdphp/dnpa/bmi/adult_BMI/about_adult_BMI.htm

Section VII (b) - Physical Exam

This section is to be completed by the VMP only. See the example below. The Verifying Medical Practitioner must make numbered comments about any "abnormal" findings and provide comments and descriptions of any physical impairments and associated limitations. Significant negative findings should be noted as well.

Section VII (b)– Physical Exam <i>(must be completed by verifying medical practitioner)</i>							
#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.	✓		Head, Face, Neck, Scalp	10.	✓		Skin
2.	✓		Eyes / Pupils / EOM	11.	✓		Lymphatic
3.	✓		Mouth And Throat	12.	✓		Neurologic
4.	✓		Ears / Drums	13.	✓		Vascular System
5.	✓		Lungs And Chest	14.	✓		Genital-Urinary System
6.		✓	Heart	15.	✓		Hernia
7.	✓		Abdomen	16.	✓		Missing extremities / Digits
8.	✓		Upper / Lower Extremities	17.		✓	General / Systemic
9.	✓		Spine / Musculoskeletal				

Please make numbered comments on abnormal systems/organs:

#6 Chronic a Fib;controlled rate; asymptomatic;9 .0 METS on GXT
#8 RLE with normal strength, FROM; normal gait; no limitations
#17 FBS 145; HgBA1C now 7.2; diabetic exam WNL; no diabetic retinopathy

Section VIII - Demonstration of Physical Ability (to be completed by the VMP):

1. Credential applicants should be physically able to perform assigned shipboard functions and meet the physical demands that would reasonably arise during an emergency response. As used in this context, an “*emergency response*” refers to emergency evolutions such as abandon ship and firefighting, and the basic procedures to be followed by each mariner.
2. If the examining 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 40.0 or higher, the practitioner should require that the applicant demonstrate the ability to meet the guidelines. 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 fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported on the CG-719K section IX as appropriate. All demonstrations of ability should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant and other aid devices such as prescription glasses may be used by the applicant in all practical demonstrations except when the use of such would prevent the proper wearing of mandated personal protective equipment (PPE).

Page 9

Section IX - Verifying Medical Practitioner Recommendation:

The VMP must check the box certifying whether the mariner does or does not have the physical strength, agility, and flexibility to perform the listed tasks. See the example below. The examiner should check the “**Competent**” box if the applicant is able to complete all Physical Ability tests satisfactorily, or there are no physical impairments that would preclude such completion.

The examiner should check the **“Not Competent”** box if any one of the listed items was not completed satisfactorily. If the applicant is unable to perform any of the following functions, the examiner should provide information on the degree or the severity of the applicant's inability to meet the standards.

The examiner should check **“Needing Further Review”** in the event that the Physical Ability cannot be assessed (e.g. equipment or opportunity to complete equivalent tasks not available).

The results of any practical demonstration should be recorded in the comment space provided, along with any other comments relevant to this physical examination report.

Verifying Medical Practitioner: The VMP completes this section to include their name, address, phone number, and state license number.

Page 9 of 9 of CG-710K Rev. 01-09				
Section IX – Verifying Medical Practitioner Recommendation				
<input checked="" type="checkbox"/> Recommended Competent	<input type="checkbox"/> Not Recommended Competent (explain in comments)	<input type="checkbox"/> Needing Further Review (explain in comments)		
Comments on Recommendation:	<p>... has been under my care for the last 12 yrs and I have managed his hypertension and diabetes well with oral medications. Mr. Mariner's prognosis is very good and his diabetes and hypertension are well controlled. No episode of symptomatic hypoglycemia; There are no physical limitations and I deem him fully fit to perform his duties</p> <p>The Atrial Fibrillation is unremarkable, without symptoms; managed well with Coumadin and a beta blocker. INRs have been therapeutic. See attached Cardiologist Report). LVEF 55% on echo; 9.0 METS on GXT; no ischemia; very active physically; counseled on weight reduction; Mr. Mariner has never been hospitalized for his A-FIB, and his prognosis is excellent.</p>			
Verifying Medical Practitioner:				
This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.				
Name (Printed) of Physician/Physician's Assistant/Nurse Practitioner	Signature	<i>Milton T. Mariner</i>		
	Date			

Merchant Mariner Credential Medical Evaluation Report

OMB-1625-0040
Expires 6/30/2012

- Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigational and Vessel Inspection Circular (NVIC) 4-08.
- Additional information is also available at the National Maritime Center (NMC) Homeport website at: <http://homeport.uscg.mil/mmcmmedical>
- Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or 1-888-I-ASK-NMC (1-888-427-5662)

Who must submit this form?

- ▶ Applicants seeking an original, renewal or raise-in-grade credential are required to complete this form or its equivalent, containing the same information, and submit it to the U.S. Coast Guard.
- ▶ Guidance for required submission of this form is contained in Enclosure (1) of NVIC 4-08.

Instructions for Applicants

- ▶ Applicants are required to provide the applicant information in section I, medication information in Section III, and certification of medical conditions in Section IV.
- ▶ Applicants are required to sign and date the certification in section I of this form attesting, subject to criminal prosecution under 18 USC § 1001, that all information reported is true and correct to the best of their knowledge and that they have not knowingly omitted or falsified any material information relevant to this form.
- ▶ Applicants should also complete the release in section II of this form.

Privacy Act Statement

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-(e), 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
 - a. To determine if an applicant is physically capable of performing their duties.
 - b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
 - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
 - b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
 - c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.

Applicant Name: _____

Date of Birth: _____

General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
 - ▶ Are of sound health.
 - ▶ Have no physical limitations that would hinder or prevent performance of duties (see below).
 - ▶ Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.
2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.
3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.
4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from <http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008> or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (<http://homeport.uscg.mil/mmcmmedical>) at 1-888-IASKNMC (1-888-427-5662).
5. Verification of medications in section III of this form 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.
6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.
7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.
8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

- ▶ Applicants shall present acceptable proof of identity to the medical practitioner conducting examinations.
- ▶ Medical practitioners must verify the identity of applicants before conducting examinations.
- ▶ Proof of identity shall consist of one current form of valid government issued photo identification.
- ▶ The following credentials are examples of acceptable proof of identity:
 Unexpired official identification issued by a federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card or Merchant Mariner's Document/Merchant Mariner Credential.

Applicant Name: _____

Date of Birth: _____

Section I - Applicant Information

Last Name:	First Name:	Middle Name:	Suffix: (Jr., Sr., III)
Age:	Date of Birth (MM/DD/YYYY):	Social Security Number:	

Applicant Certification (to be signed by applicant)

My signature below attests, subject to prosecution under 18 USC 1001, that all information that I have reported is true and correct to the best of my knowledge, and that I have not knowingly omitted to report any material information relevant to this form.

Date:	Printed Name:
	Signature:

How do you wish to be contacted? (phone, e-mail, letter, fax) Please include contact information below:

Section II - Release

I hereby authorize the verifying medical practitioner (VMP), 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 credential(s) for maritime service.

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 credential(s) for maritime service. This authorization will remain in effect until the Coast Guard determines whether to issue me the requested credential(s) 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.

Applicant:

Name (Printed):	Signature:	Date:
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Applicant Name: _____

Date of Birth: _____

Section III - Medications *(must be completed by applicant and reviewed by verifying medical practitioner)*

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

The information reported by the applicant must be verified by the verifying medical practitioner or other qualified medical practitioner to the satisfaction of the verifying medical practitioner to include the following two items.

1. Report all medications (prescription and non-prescription), dietary supplements, and vitamins.
2. Include dosages of every substance reported on this form, as well as the condition for which each substance is taken.

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

If none, check "NONE."

☐

NONE

Section IV - Certification of Medical Conditions *(must be completed by applicant and reviewed by verifying medical practitioner)*

Applicants must report their relevant medical conditions to the best of their knowledge, and the verifying medical practitioner must verify the medical conditions, using the table below. Check "yes" if the applicant has had a previous diagnosis or treatment of the condition by a healthcare provider, or if the applicant is currently under treatment or observation for the condition, or if the condition is present regardless of treatment.

If the verifying medical practitioner, or any other health care provider to the satisfaction of the verifying medical practitioner, discovers a condition not reported by the applicant, he/she must check "yes" in the appropriate block and explain in the remarks.

The verifying medical practitioner must address all reported relevant conditions in detail in this Section. This detailed explanation should include, at a minimum, identification of the condition, approximate date of diagnosis, any limitations, whether the condition is controlled, the prognosis and any additional information as appropriate, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition.

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

To the best of the applicant's knowledge, does the applicant have, or have ever suffered from, any of the following?

If YES, the applicant must **PROVIDE THE TEST RESULTS AND/OR RECORDS AS INDICATED**, referring to the evaluation data listed in enclosure (3) of NVIC 4-08 for each condition. Documentation of evaluation data specified in this table for all applicable medical conditions potentially requiring further review should be submitted with each application, unless otherwise specified by the NMC. Mariners, including first class pilots and those individuals "serving as" pilots (as well as Great Lakes pilots) who are required to submit annual physical examinations to the Coast Guard, may be issued a letter by the NMC specifying the extent of the evaluation data, if any, that should be submitted to the Coast Guard for any medical conditions that have been previously reported to, and evaluated by, the NMC.

The verifying medical practitioner shall make comments on all answers marked "yes" on the following page for which no evaluation data has been submitted. If known to the VMP, the VMP may comment that a condition has been previously reported on a prior CG-719K, but only for those CG-719Ks submitted after December 31, 2008, and only for those conditions which have not changed since the condition was previously reported on a prior CG-719K

Applicant Name: _____

Date of Birth: _____

1. Identify the Condition	3. Is Condition Controlled?	5. Prognosis
2. List Any Limitations	4. Approximate Date of Diagnosis	6. Additional Information

	YES	NO		YES	NO	
1.	<input type="checkbox"/>	<input type="checkbox"/>	Ear surgery,	45.	<input type="checkbox"/>	Kidney stones
2.	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss, hearing aid	46.	<input type="checkbox"/>	Protein/sugar/blood in urine
3.	<input type="checkbox"/>	<input type="checkbox"/>	Impaired speech or stuttering	47.	<input type="checkbox"/>	Back surgery or injury
4.	<input type="checkbox"/>	<input type="checkbox"/>	Deformities of face	48.	<input type="checkbox"/>	Ruptured/herniated disc
5.	<input type="checkbox"/>	<input type="checkbox"/>	Open tracheostomy	49.	<input type="checkbox"/>	Fractures requiring surgery
6.	<input type="checkbox"/>	<input type="checkbox"/>	Poor vision	50.	<input type="checkbox"/>	Limitation of any major joint
7.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye disease or injury	51.	<input type="checkbox"/>	Bone or joint surgery
8.	<input type="checkbox"/>	<input type="checkbox"/>	History of eye surgery	52.	<input type="checkbox"/>	Dislocated joint
9.	<input type="checkbox"/>	<input type="checkbox"/>	Abnormal color vision	53.	<input type="checkbox"/>	Recurrent neck or back pain
10.	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma	54.	<input type="checkbox"/>	Swollen or painful joint
11.	<input type="checkbox"/>	<input type="checkbox"/>	Asthma	55.	<input type="checkbox"/>	Arthritis or bursitis
12.	<input type="checkbox"/>	<input type="checkbox"/>	Emphysema or COPD	56.	<input type="checkbox"/>	Trick or locked knee
13.	<input type="checkbox"/>	<input type="checkbox"/>	Collapsed lung/pneumothorax	57.	<input type="checkbox"/>	Amputation or prosthesis
14.	<input type="checkbox"/>	<input type="checkbox"/>	Irregular heart beat	58.	<input type="checkbox"/>	Carpal tunnel
15.	<input type="checkbox"/>	<input type="checkbox"/>	Heart murmur or valve replacement	59.	<input type="checkbox"/>	Difficulty walking or climbing
16.	<input type="checkbox"/>	<input type="checkbox"/>	Chest pain or angina	60.	<input type="checkbox"/>	Sciatica or nerve pain
17.	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack/ myocardial infarction	61.	<input type="checkbox"/>	Other bone/joint disorder
18.	<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure	62.	<input type="checkbox"/>	Motion/sea sickness
19.	<input type="checkbox"/>	<input type="checkbox"/>	Heart surgery/stent/angioplasty	63.	<input type="checkbox"/>	Impaired balance, or balance disorder or difficulty
20.	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker or defibrillator	64.	<input type="checkbox"/>	Vertigo or dizziness
21.	<input type="checkbox"/>	<input type="checkbox"/>	Any other heart condition	65.	<input type="checkbox"/>	Numbness or paralysis
22.	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure/hypertension	66.	<input type="checkbox"/>	Head injury or skull fracture
23.	<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm or blockages	67.	<input type="checkbox"/>	Seizures or epilepsy
24.	<input type="checkbox"/>	<input type="checkbox"/>	Pulmonary embolus or blood clots	68.	<input type="checkbox"/>	Recurrent headaches
25.	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal bleeding or ulcers	69.	<input type="checkbox"/>	Narcolepsy
26.	<input type="checkbox"/>	<input type="checkbox"/>	Crohn's disease or ulcerative colitis	70.	<input type="checkbox"/>	Sleep apnea
27.	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or jaundice	71.	<input type="checkbox"/>	Restless leg
28.	<input type="checkbox"/>	<input type="checkbox"/>	Gallbladder problems or stones	72.	<input type="checkbox"/>	Fainting spells or loss of consciousness
29.	<input type="checkbox"/>	<input type="checkbox"/>	Intestinal surgery	73.	<input type="checkbox"/>	Stroke or TIA
30.	<input type="checkbox"/>	<input type="checkbox"/>	Any form of cancer	74.	<input type="checkbox"/>	Brain tumor
31.	<input type="checkbox"/>	<input type="checkbox"/>	Anemia	75.	<input type="checkbox"/>	Other brain or nerve disease
32.	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia or polycythemia	76.	<input type="checkbox"/>	ADD, ADHD, or bipolar
33.	<input type="checkbox"/>	<input type="checkbox"/>	Any other blood disorders	77.	<input type="checkbox"/>	Depression
34.	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid disease	78.	<input type="checkbox"/>	History of suicide attempt
35.	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	79.	<input type="checkbox"/>	Schizophrenia
36.	<input type="checkbox"/>	<input type="checkbox"/>	HIV or AIDS	80.	<input type="checkbox"/>	Anxiety
37.	<input type="checkbox"/>	<input type="checkbox"/>	Lymphoma or leukemia	81.	<input type="checkbox"/>	Alcohol or substance abuse
38.	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis	82.	<input type="checkbox"/>	Loss of memory or amnesia
39.	<input type="checkbox"/>	<input type="checkbox"/>	Neurofibromatosis	83.	<input type="checkbox"/>	Other psychiatric disease or counseling
40.	<input type="checkbox"/>	<input type="checkbox"/>	Skin tumors or cancer	84.	<input type="checkbox"/>	Sleepwalking
41.	<input type="checkbox"/>	<input type="checkbox"/>	Scleroderma	85.	<input type="checkbox"/>	Bedwetting since age 12
42.	<input type="checkbox"/>	<input type="checkbox"/>	Lupus	86.	<input type="checkbox"/>	Sex change
43.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney transplant or dialysis	87.	<input type="checkbox"/>	Allergic reactions
44.	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease or cancer	88.	<input type="checkbox"/>	Any other disease, surgery or hospitalization

Condition #	Comment

Applicant Name: _____

Date of Birth: _____

Section V (a) – Visual Acuity

This section must be completed by the verifying medical practitioner, or any other healthcare provider to the satisfaction of the verifying medical practitioner see encl 5 of NVIC 4-08. Additional information must be reported in Section VII. If corrective lenses are required to meet the standard, both corrected and uncorrected vision must be tested.

Distant Uncorrected	Distant Corrected To	Field of Vision	
Right: 20 /	Right: 20 /	This applicant must have a 100-degree horizontal field of vision.	<input type="checkbox"/> Normal
Left: 20 /	Left: 20 /		<input type="checkbox"/> Abnormal

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:

- ☐ AOC (1965) – (6 or fewer errors on plates 1-15)
☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
☐ Richmond (1983) – (6 or fewer errors)
☐ Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)

- ☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
☐ Farnsworth Lantern (colored lights) Test per instruction booklet.
☐ Optec 900 (colored lights) Test per instruction booklet.
☐ An alternative test approved by the Coast Guard (indicate test) _____

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

Color Vision: Normal Color Vision ☐ Abnormal Color Vision ☐
 Number of Errors _____

Section VI – Hearing

Normal	Abnormal Hearing	Hearing Aid Required
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If abnormal hearing or hearing aid required, perform audiogram or functional speech discrimination test.

An applicant with normal hearing does not need to complete either the audiometer test or the functional speech discrimination test. The verifying medical practitioner, in consultation with any other healthcare provider he/she deems appropriate, determines whether the audiometer and/or functional speech discrimination tests are necessary. If hearing is abnormal or a hearing aid is required, refer to enclosure (5) of NVIC 4-08 for guidance.

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 30dB in each ear.

Additional information must be reported in Section VII.

Audiometer Threshold Value		500Hz	1,000Hz	2,000Hz	3,000Hz				
	Right Ear (Unaided)								
	Left Ear (Unaided)								
	Right Ear (Aided)								
	Left Ear (Aided)								
Functional Speech Discrimination Test @ 55dB		Right Ear (Unaided):			%	Right Ear (Aided)			%
		Left Ear (Unaided):			%	Left Ear (Aided)			%

Applicant Name: _____

Date of Birth: _____

#	Normal	Abnormal	System/Organ	#	Normal	Abnormal	System/Organ
1.			Head, Face, Neck, Scalp	10.			Skin
2.			Eyes / Pupils / EOM	11.			Lymphatic
3.			Mouth And Throat	12.			Neurologic
4.			Ears / Drums	13.			Vascular System
5.			Lungs And Chest	14.			Genital-Urinary System
6.			Heart	15.			Hernia
7.			Abdomen	16.			Missing extremities / Digits
8.			Upper / Lower Extremities	17.			General / Systemic
9.			Spine / Musculoskeletal				

[illegible]

► If the examining 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 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. 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 fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.

► All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and 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).

Date of Birth: _____

- ▶ If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, see enclosure (2) of NVIC 4-08.
- ▶ If the applicant is unable to perform any of the following functions, the examining 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 Section IX.

List 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 (equilibrium).	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 door sills and coamings, and move through restricted accesses.	Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 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. Reach above shoulder height.
Handle ship's stores.	Lift, pull, push, and carry a load.	Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). 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 (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, keel 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(s) applied for. <i>See footnote 1 of this table & enclosure (5) of NVIC 4-08.</i>
React to audible alarms and instructions, emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.
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 firefighting 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.

Applicant Name: _____

Date of Birth: _____

Section IX – Verifying Medical Practitioner Recommendation

<input type="checkbox"/> Recommended Competent	<input type="checkbox"/> Not Recommended Competent <i>(explain in comments)</i>	<input type="checkbox"/> Needing Further Review <i>(explain in comments)</i>
Comments on Recommendation:		
Verifying Medical Practitioner:		
This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.		
Name <i>(Printed)</i> :	Signature:	
	Date:	

U.S. Dept. of Homeland Security, USCG, CG-719K, Rev. 01-09

Applicant Name: _____

Date of Birth: _____

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-719K/E Rev. (01-09)		Merchant Mariner Evaluation of Fitness for Entry Level Ratings		OMB 1625-0040 Expires 6/30/2012	
Section I – Applicant Information					
Name (Last, First, Middle) of Applicant:				Social Security Number:	
Age:		Date of Birth (MM/DD/YYYY):		Gender:	
Section II – Physical Information					
Height:		Eye Color:		Distinguishing Marks:	
Weight:		Hair Color:		Body Mass Index:	
Section III – Physical Ability Certification					
An applicant for an Entry Level Rating [ordinary seaman, wiper, or steward's department (food handler)] is not required to complete a physical examination, but they must have the agility, strength, and flexibility to complete the following shipboard tasks and related physical abilities as described in the table below:					
Shipboard Tasks, function, event or condition:		Related Physical Ability:		The examiner should be satisfied that the applicant:	
Routine Movement on slippery, uneven and unstable surfaces.		Maintain Balance (equilibrium).		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 (61 centimeters) in height. Able to move through a restricted opening of 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. Reach above shoulder height.	
Handle ship's stores.		Lift, pull, push and carry a load.		Is able, without assistance, to lift at least a 40-pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.	
General vessel maintenance.		Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). 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 (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).		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(s) applied for. See footnote 1 of this table & enclosure (5) of NVIC 4-08.	
React to audible alarms and instructions, emergency response procedures.		Hear a specified decibel (dB) sound at a specified frequency.		Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.	
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 firefighting 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.	

Place an X in the appropriate block below.



Applicant has the physical strength, agility, and flexibility to perform all of the items listed above.



Applicant does NOT have the physical strength, agility, and flexibility to perform any one of the items listed above.

Comments:

Considering the above requirements and noting the duties to be performed by the applicant aboard a vessel of the United States, I consider the applicant (Please check one)

☐ Competent☐ Not Competent☐ Needing Further Review

Name of Physician/Physician's Assistant/Nurse Practitioner:

Office Address, City, State, Zip Code:

License Number:

Telephone Number:

National Provider Number:

Signature of Physician/Physician's Assistant/Nurse Practitioner

Date

Section IV – Applicants Signature

I certify that all information provided by me is complete and true to the best of my knowledge X

Date

Signature of Applicant

Description of the requirements for Certificate of Fitness

Title 46 of the Code of Federal Regulations (CFR) requires that an applicant for Entry Level Ratings valid for service on a seagoing vessel of 200 or more gross register tons (GRT) (domestic tonnage) "Provide a document issued by a qualified medical practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued". The following is a list of activities the Applicant shall be physically able to perform:

For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous, and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical.

All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as fire-fighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing and handling moderate weights (from 30-60 pounds).

Detailed guidance on the medical and physical evaluation guidelines for merchant mariner credentials is contained in Navigation and Vessel Inspection Circular (NVIC) 4-08. Additional information is also available at the National Maritime Center(NMC) Homeport website at: <http://homeport.uscg.mil/mmcmmedical>. Additional information can also be obtained from NMC at: Commanding Officer, National Maritime Center, 100 Forbes Drive, Martinsburg, WV, 25404, 1-888-I-ASK-NMC (1-888-427-5662)

PRIVACY ACT STATEMENT

As required by Title 5 United States Code (U.S.C) 552a(e)(3), the following information is provided when supplying personal information to the United States Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
 - a. To determine if an applicant is physically capable of performing their duties.
 - b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
 - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
 - b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
 - c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for completing this form is 20 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Commandant (CG-543) United States Coast Guard, 2100 2nd Street SW, Washington, DC 20593-0001.

DOT/USCG Periodic Drug Testing Form

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

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

Section I - Applicant Consent

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

Name: (Last, First, Middle) of Applicant (Print or Type)

Social Security Number

X Signature of Applicant

Date

Section II - Name of SAMHSA Accredited Laboratory (Type or Print)

Name

Address

Section III - Medical Review Officer

DATE SPECIMEN COLLECTED: _____

Specimen Analyzed For (DOT 5 Panel):

- Marijuana metabolite
- Cocaine metabolites
- Opiates metabolites
- Phencyclidine
- Amphetamines

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

NEGATIVE
POSITIVE/SUBSTITUTED/ADULTERATED or
INVALID TEST (Test Cancelled)

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

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Marine Safety Office).

This specimen is verified **POSITIVE** for _____.

This specimen was identified as being **SUBSTITUTED** or containing the **ADULTERANT**: _____.

The test was **CANCELLED** because (insert reason): _____.

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

MEDICAL REVIEW OFFICER AUTHORITY:

Name: (Printed) _____

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

REQUIREMENTS	<ul style="list-style-type: none"> A drug test is required for all transactions EXCEPT endorsements, duplicates, and STCW certificates. Only a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phenylcyclidine, and Amphetamines will be accepted.
OPTION I PERIODIC TESTING PROGRAM	<ul style="list-style-type: none"> A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40.30. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at www.uscg.mil/hq/g-m/moa/dapip.htm. The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.
OPTION II RANDOM TESTING	<ul style="list-style-type: none"> An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs. <p>EXAMPLE (From Mariner Employers): <i>APPLICANT'S NAME / SSN</i> 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.</p> <p>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A./Army Corps of Engineers): <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.</p>
OPTION III PRE-EMPLOYMENT TESTING	<ul style="list-style-type: none"> A drug test is required for all transactions EXCEPT endorsements, duplicates, and STCW certificates. Only a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phenylcyclidine, and Amphetamines will be accepted.
<p>PRIVACY ACT STATEMENT IN ACCORDANCE WITH 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD . 1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16). 2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED: A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD. B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS. C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD 3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION: A. TO MAINTAIN RECORDS REQUIRED BY 42 U. S. C. 7319 AND 7502. B. TO ENABLE ELIGIBLE PARTIES (i.e. the mariner's heirs or properly designated representative) TO OBTAIN INFORMATION. C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS. D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS. E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES. F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES. G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS. 4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).</p>	

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG - 719S (REV 03/04)	Small Vessel Sea Service Form	OMB 1625-0040 Expires 06/30/2012 PAGE 1
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Section I – Applicant Information (Note: Complete One Form per Vessel)			
Name (Last, First, Middle)		Social Security Number	
Vessel Name		Official Number or State Registration Number	
Vessel Gross Tons	Length	Width (if known)	Depth (if known)
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)		Served As: (Master/Mate/Operator/Deckhand/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 (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
____/____/____ ____/____/____ ____/____/____ ____/____/____	____/____/____ ____/____/____ ____/____/____ ____/____/____	____/____/____ ____/____/____ ____/____/____ ____/____/____	____/____/____ ____/____/____ ____/____/____ ____/____/____	____/____/____ ____/____/____ ____/____/____ ____/____/____	____/____/____ ____/____/____ ____/____/____ ____/____/____
July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (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:			

Section III – Signature and Verification	
Applicant Read Before Signing!	
I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a license/document 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).	
X Signature of Applicant	Date
NOTE: <ul style="list-style-type: none"> If you were not the owner, the Owner, Operator, or Master must complete the remainder of this form. If you were of the above vessel, proof of ownership must be provided with this form. 	
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 license 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).	
X Signature and title of person attesting to experience	Date
Owner's, Operator's, or Master's Name (Last, First Middle):	Owner's, Operator's, or Master's address and phone number:

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG - 719S (REV 03/04)	Small Vessel Sea Service Form	OMB 1625-0040 Expires 06/31/2012 PAGE 2
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PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION:
 - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502.
 - B. SEE 46 CFR PARTS 10 AND 12.

2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
 - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE OR DOCUMENT ISSUED BY THE COAST GUARD.
 - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
 - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.

3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
 - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
 - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
 - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
 - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
 - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
 - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
 - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.

4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (*Required by law or optional*) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENTS.

"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 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: Commanding Officer, U. S. Coast Guard National Maritime Center, 100 Forbes Drive, Martinsburg, WV 25404 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

INSTRUCTION AND INFORMATION SHEET FOR SF 180, REQUEST PERTAINING TO MILITARY RECORDS

1. General Information. The Standard Form 180, Request Pertaining to Military Records (SF180) is used to request information from military records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please try to answer each item on the SF 180. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. To determine where to mail this request see Page 2 of the SF180 for record locations and facility addresses.

Online requests may be submitted to the National Personnel Records Center (NPRC) by a veteran or deceased veteran's next of kin using eVetRecs at <http://www.archives.gov/veterans/evetrecs/>.

2. Personnel records and Service Treatment Records (STR). Personnel records of military members who were discharged, retired, or died in service **less than 62 years** ago and STR's are in the legal custody of the military service department and are administered in accordance with rules issued by the Department of Defense and the Department of Homeland Security (DHS, Coast Guard). STR's of persons on active duty are generally kept at the local servicing clinic, and usually are available from the Department of Veterans Affairs approximately 40 days after the last day of active duty. (See item 3, Archival Records, if the military member was discharged, retired or died in service over 62 years ago.)

a. Release of information: Release of information is subject to restrictions imposed by the military services consistent with Department of Defense regulations and the provisions of the Freedom of Information Act (FOIA) and the Privacy Act of 1974. The service member (either past or present) or the member's legal guardian has access to almost any information contained in that member's own record. An authorization signature, of the service member or the member's legal guardian, is needed in Section III of the SF180. Others requesting information from military personnel records and/or STR's must have the release authorization in Section III of the SF 180 signed by the member or legal guardian. If the appropriate signature cannot be obtained, only limited types of information can be provided. If the former member is deceased, surviving next of kin may, under certain circumstances, be entitled to greater access to a deceased veteran's records than a member of the general public. The next of kin may be any of the following: unremarried surviving spouse, father, mother, son, daughter, sister, or brother. Requesters **must provide proof of death**, such as a copy of a death certificate, letter from funeral home or obituary.

b. Fees for records: There is no charge for most services provided to service members or next of kin of deceased veterans. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee, you will be notified as soon as that determination is made.

3. Archival Records. Personnel records of military members who were discharged, retired, or died in service **62 or more years** ago have been transferred to the legal custody of NARA and are referred to as "archival" records.

a. Release of Information: Archival records are open to the public. The Privacy Act of 1974 does not apply to archival records, therefore, written authorization from the veteran or next of kin is not required. However, in order to protect the privacy of the veteran, his/her family, and third parties named in the records, the personal privacy exemption of the Freedom of Information Act (5 U.S.C. 552 (b) (6)) may still apply and preclude the release of some information.

b. Fees for Archival Records: Access to archival records is granted by offering copies of the records for a fee (44 U.S.C. 2116 (c)). You will be notified if there is a charge for photocopies of documents contained in the record you are requesting.

4. Where reply may be sent. The reply may be sent to the service member or any other address designated by the service member or other authorized requester.

5. Definitions and abbreviations. DISCHARGED -- the individual has no current military status; SERVICE TREATMENT RECORD (STR) -- The chronology of medical, mental health and dental care received by service members during the course of their military career (does not include records of treatment while hospitalized); TDRL -- Temporary Disability Retired List.

6. Service completed before World War I. National Archives Trust Fund (NATF) forms must be used to request these records. Obtain the forms by e-mail from inquire@nara.gov or write to the Code 6 address on page 2 of the SF 180.

PRIVACY ACT OF 1974 COMPLIANCE INFORMATION

The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and Public Law 104-134 (April 26, 1996), as amended in title 31, section 7701. Disclosure of the information is voluntary. If the requested information is not provided, it may delay servicing your inquiry because the facility servicing the service member's record may not have all of the information needed to locate it. The purpose of the information on this form is to assist the facility servicing the records (see the address list) in locating the correct military service record(s) or information to answer your inquiry. This form is then retained as a record of disclosure. The form may also be disclosed to Department of Defense components, the Department of Veterans Affairs, the Department of Homeland Security (DHS, U.S. Coast Guard), or the National Archives and Records Administration when the original custodian of the military health and personnel records transfers all or part of those records to that agency. If the service member was a member of the National Guard, the form may also be disclosed to the Adjutant General of the appropriate state, District of Columbia, or Puerto Rico, where he or she served.

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

Public burden reporting for this collection of information is estimated to be five minutes per request, including time for reviewing instructions and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to National Archives and Records Administration (NHP), 8601 Adelphi Road, College Park, MD 20740-6001. DO NOT SEND COMPLETED FORMS TO THIS ADDRESS. SEND COMPLETED FORMS AS INDICATED IN THE ADDRESS LIST ON PAGE 2 OF THE SF 180.

REQUEST PERTAINING TO MILITARY RECORDS

* Requests from veterans or deceased veteran's next-of-kin may be submitted online by using eVetRecs at <http://www.archives.gov/veterans/evetrecs/> *

(To ensure the best possible service, please thoroughly review the accompanying instructions before filling out this form. Please print clearly or type.)

SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible.)

1. NAME USED DURING SERVICE (last, first, and middle)		2. SOCIAL SECURITY NO.		3. DATE OF BIRTH		4. PLACE OF BIRTH	
5. SERVICE, PAST AND PRESENT (For an effective records search, it is important that all service be shown below.)							
	BRANCH OF SERVICE	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	SERVICE NUMBER (If unknown, write "unknown")	
a. ACTIVE COMPONENT							
b. RESERVE COMPONENT							
c. NATIONAL GUARD							
6. IS THIS PERSON DECEASED? If "YES" enter the date of death. <input type="checkbox"/> NO <input type="checkbox"/> YES _____				7. IS (WAS) THIS PERSON RETIRED FROM MILITARY SERVICE? <input type="checkbox"/> NO <input type="checkbox"/> YES			

SECTION II - INFORMATION AND/OR DOCUMENTS REQUESTED

1. CHECK THE ITEM(S) YOU WOULD LIKE TO REQUEST A COPY OF:

- ☐ **DD Form 214 or equivalent.** This form contains information normally needed to verify military service. A copy may be sent to the veteran, the deceased veteran's next of kin, or other persons or organizations if authorized in Section III, below. NOTE: If more than one period of service was performed, even in the same branch, there may be more than one DD214. **Check the appropriate box below to specify a deleted or undeleted copy.** When was the DD Form(s) 214 issued? YEAR(S):
- ☐ **UNDELETED:** Ordinarily required to determine eligibility for benefits. Sensitive items, such as, the character of separation, authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and dates of time lost are usually shown.
- ☐ **DELETED:** The following items are deleted: authority for separation, reason for separation, reenlistment eligibility code, separation (SPD/SPN) code, and for separations after June 30, 1979, character of separation and dates of time lost.
- ☐ **All Documents in Official Military Personnel File (OMPF)**
- ☐ **Medical Records** (Includes Service Treatment Records (outpatient), inpatient and dental records.) If hospitalized, the facility name and date for each admission **must** be provided:
- ☐ **Other** (Specify):

2. PURPOSE: (An explanation of the purpose of the request is **strictly voluntary**; however, such information may help to provide the best possible response and may result in a faster reply. Information provided will in no way be used to make a decision to deny the request.) Check appropriate box:

- ☐ Benefits ☐ Employment ☐ VA Loan Programs ☐ Medical ☐ Medals/Awards ☐ Genealogy ☐ Correction ☐ Personal
- ☐ Other, explain:

SECTION III - RETURN ADDRESS AND SIGNATURE

1. REQUESTER IS: (Signature Required in # 3 below of veteran, next of kin, legal guardian, authorized government agent or "other" authorized representative. If "other" authorized representative, provide copy of authorization letter.)

- ☐ Military service member or veteran identified in Section I, above
- ☐ Next of kin of deceased veteran **(Must provide proof of death).**
- Show relationship:** _____
- (See item 2a on accompanying instructions.)
- ☐ Legal guardian (Must submit copy of court appointment.)
- ☐ Other (specify) _____

2. SEND INFORMATION/DOCUMENTS TO:

(Please print or type. See item 4 on accompanying instructions.)

3. AUTHORIZATION SIGNATURE REQUIRED (See items 2a or 3a on accompanying instructions.) I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information in this Section III is true and correct.

Name _____

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Signature Required - Do not print

() _____

Date of this request _____ Daytime phone _____

Email address _____

LOCATION OF MILITARY RECORDS

The various categories of military service records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. Please refer to the Instruction and Information Sheet accompanying this form as needed.

BRANCH	CURRENT STATUS OF SERVICE MEMBER	ADDRESS CODE	
		Personnel Record	Service Treatment Record
AIR FORCE	Discharged, deceased, or retired before 5/1/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 9/30/2004	14	11
	Discharged, deceased, or retired on or after 10/1/2004	1	11
	Active (including National Guard on active duty in the Air Force), TDRL, or general officers retired with pay	1	
	Reserve, retired reserve in nonpay status, current National Guard officers not on active duty in the Air Force, or National Guard released from active duty in the Air Force	2	
	Current National Guard enlisted not on active duty in the Air Force	13	
COAST GUARD	Discharge, deceased, or retired before 1/1/1898	6	
	Discharged, deceased, or retired 1/1/1898 – 3/31/1998	14	14
	Discharged, deceased, or retired on or after 4/1/1998	14	11
	Active, reserve, or TDRL	3	
MARINE CORPS	Discharged, deceased, or retired before 1/1/1905	6	
	Discharged, deceased, or retired 1/1/1905 – 4/30/1994	14	14
	Discharged, deceased, or retired 5/1/1994 – 12/31/1998	14	11
	Discharged, deceased, or retired on or after 1/1/1999	4	11
	Individual Ready Reserve	5	
	Active, Selected Marine Corps Reserve, TDRL	4	
ARMY	Discharged, deceased, or retired before 11/1/1912 (enlisted) or before 7/1/1917 (officer)	6	
	Discharged, deceased, or retired 11/1/1912 – 10/15/1992 (enlisted) or 7/1/1917 – 10/15/1992 (officer)	14	14
	Discharged, deceased, or retired after 10/16/1992	14	11
	Active enlisted, officers (including National Guard and Army Reserve on active duty in the U.S. Army)	7	
	National Guard enlisted and officers not on active duty in Army	13	
NAVY	Discharged, deceased, or retired before 1/1/1886 (enlisted) or before 1/1/1903 (officer)	6	
	Discharged, deceased, or retired 1/1/1886 – 1/30/1994 (enlisted) or 1/1/1903 – 1/30/1994 (officer)	14	14
	Discharged, deceased, or retired 1/31/1994 – 12/31/1994	14	11
	Discharged, deceased, or retired on or after 1/1/1995	10	11
	Active, reserve, or TDRL	10	
PHS	Public Health Service - Commissioned Corps officers only	12	

ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE) – Where to write/send this form

1	Air Force Personnel Center HQ AFPC/DPSSRP 550 C Street West, Suite 19 Randolph AFB, TX 78150-4721	6	National Archives & Records Administration Old Military and Civil Records (NWCTB-Military) Textual Services Division 700 Pennsylvania Ave., N.W. Washington, DC 20408-0001	11	Department of Veterans Affairs Records Management Center P.O. Box 5020 St. Louis, MO 63115-5020
2	Air Reserve Personnel Center /DSMR HQ ARPC/DPSSA/B 6760 E. Irvington Place, Suite 4600 Denver, CO 80280-4600	7	U.S. Army Human Resources Command www.hrc.army.mil	12	Division of Commissioned Corps Officer Support ATTN: Records Officer 1101 Wootton Parkway, Plaza Level, Suite 100 Rockville, MD 20852
3	Commander, CGPC-adm-3 USCG Personnel Command 4200 Wilson Blvd., Suite 1100 Arlington, VA 22203-1804	8	<i>Reserved.</i>	13	The Adjutant General (of the appropriate state, DC, or Puerto Rico)
4	Headquarters U.S. Marine Corps Personnel Management Support Branch (MMSB-10) 2008 Elliot Road Quantico, VA 22134-5030	9	<i>Reserved.</i>	14	National Personnel Records Center (Military Personnel Records) 9700 Page Ave. St. Louis, MO 63132-5100
5	Marine Forces Reserve 4400 Dauphine St. New Orleans, LA 70146-5400	10	Navy Personnel Command (PERS-312E) 5720 Integrity Drive Millington, TN 38055-3120		eVetRecs! www.archives.gov/veterans/evetrecs/

Merchant Mariner Oath
46 USC

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

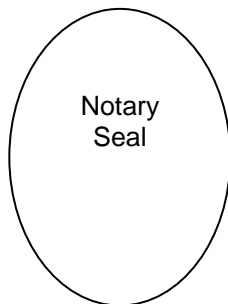
Name (Printed)

Signature

Date

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

Subscribed and affirmed before me in the county of _____,
State of _____, this _____ day of _____, _____.



(Notary's official signature)

(Commission expiration date)

**MERCHANT MARINER CREDENTIAL APPLICATION
THIRD PARTY AUTHORIZATION**

I _____, authorize the USCG National Maritime Center
(full name)
to release/discuss any information regarding my current credential application to/with the Third
Party listed below, including (those checked below):

- ☐ Official correspondence and/or previous Merchant Mariner Credentials.
- ☐ Professional qualifications, certification records, or Sea Service time.
- ☐ Any information other than medical, related to the processing of my current application for a Merchant Mariner Credential.
- ☐ Any medical information related to the processing of my current application for a Merchant Mariner Credential.
- ☐ Act on my behalf in all matters pertaining to the processing of my current USCG credential application.
- ☐ Mail my credential to the third party listed below.

Third Party Information:

(Authorized Persons Name: Last, First, MI.)

(Organization if Applicable)

(Address)

(Phone Number and Email Address if Available)

This authorization expires on _____
(date)

(Mariner's Signature)

(Reference Number/Last
4 of Social Sec. Number)

(Date)

You may send the release to the NMC by the four methods listed below:

- Include it with your credential application packet
- Scan the signed release and email it to IASKNMC@uscg.mil.
- Fax the signed release to 304-433-3416
- Mail the signed release to the NMC at 100 Forbes Drive, Martinsburg, WV 25404.

Mariner Identification System (MID) Scanner Image Capture Form

(For Official Use Only)

Mariner's Picture:




HELPFUL HINTS

1. When scanning a photo, use the CARD DATA settings in MID.
2. When scanning and /or signatures, use the LIGHT ORIGINALS settings in MID.

Printed: Mariner Last Name, First Name, Middle Initial

Social Security Number or Mariner Number

Mariner's Signature Here *(please sign completely within the box):*



Instructions for Card Issuer

Flip page over and place sheet at the bottom left corner of the scanner glass.

You should be able to see this arrow through the paper to assist you.

