



# TRAINING RESOURCES MARITIME INSTITUTE

## ORIGINAL CREDENTIAL CHECK OFF SHEET/ What to submit (as of July 2018)

These instructions are for the forms with an expiration date of 3/31/2021

Once your packet is complete, you can, scan and email, mail, or hand carry it to the closest Regional Exam Center (REC). The mailing address and email address can be found at [WWW.USCG.MIL/NMC](http://WWW.USCG.MIL/NMC). If you will be emailing your file it must be under 8 MB, the REC cannot receive files over 8 MB and you WILL NOT receive an email saying it was not delivered. If you mail it, we recommend using certified mail. The REC/NMC will accept copies of all the required documents; make sure you keep the originals in a safe place.

\_\_\_ **PAYMENT:** the Evaluation and Issuance Fee is \$145.00 THEY WILL ACCEPT A CREDIT CARD, CHECK OR MONEY ORDER. To pay these fees with a credit card you have to either visit the REC or pay online at [www.Pay.gov](http://www.Pay.gov) be sure and make a copy of the payment receipt to include in your paperwork. If paying by check or money order, make it payable to The United States Coast Guard.

\_\_\_ **APPLICATION:** The application is available in a fillable format at [www.USCG.mil/NMC](http://www.USCG.mil/NMC). If you are doing it by hand use black ink and make it legible. Complete Section I and II with your personal information and your request for the level of credential you qualify for. In Section III check any boxes that apply. Only check #1 if you are renewing. **If you answered yes to any of the conviction questions you need to complete the USCG Conviction Statement Form (CG-719C).** In Section IV, check any boxes that apply to you. **Sign & date #5.** The oath signature is only completed if you hand deliver your application to the REC and request them to administer the oath.

\_\_\_ **MERCHANT MARINER OATH FORM:** The oath IS REQUIRED and may be administered by any USCG designated official or a Notary licensed in your state.

\_\_\_ **Copy of TWIC (Transportation Worker Identification Credential):** Enclose either a copy of your TWIC or a copy of the receipt that you receive after you apply at your local TSA/TWIC office.

**Note: All mariners MUST APPLY for a Transportation Worker Identification Credential (TWIC)**

We recommend you pre-enroll online at <https://www.tsa.gov/for-industry/twic> and then schedule an appointment at the TSA/TWIC location of your choice. The website has a list of identification documents you MUST bring with you to apply. **Make sure you tell TSA you are applying for your MERCHANT MARINER CREDENTIAL.**

The USCG uses the TWIC system to run a background check on the mariner.

\_\_\_ **US PASSPORT/CARD OR US BIRTH CERTIFICATE:** Enclose a copy of either to show proof of US Citizenship.

\_\_\_ **MEDICAL CERTIFICATE (PHYSICAL):** Make sure your medical practitioner has completed **ALL PARTS** of the form including the signature; this must be dated **within 12 months** of your application submission.

\_\_\_ **CHEMICAL TESTING REPORT:** this must be dated **within 6 months** of your application, it is a **5 Panel DOT drug urinalysis** and must be completed by a **SAMSHA approved lab**, OR if you are in a mariners random drug testing program you can submit a letter from your employer or the manager of the program. It should contain the following information: **"During the previous 185 days, John Doe was subject to an approved random drug testing program as required by 46 CFR 16.230 for at least 60 days and did not fail or refuse to participate in a chemical test for dangerous drugs."**

\_\_\_ **SMALL VESSEL SEA SERVICE WORKSHEET(S) OR SEA TIME LETTER(S):** make sure they are signed and completed. **You can only serve as an operator or deckhand.** If you are the owner of the vessel you **MUST** attach proof of ownership of the vessel. Time on other people's boats **MUST BE SIGNED BY THE OWNER OR CAPTAIN.**

\_\_\_ **Copy of Adult CPR and FIRST AID CARD:** This must be a **USCG APPROVED COURSE.** The CPR/First Aid completed course must be current and have been taken **within 1 year** of your application.

\_\_\_ **Copy of MARITIME INSTITUTE'S CERTIFICATE OF COMPLETION:** if you submit the paperwork before you complete the class you will need to send them a copy of the certificate before they will issue your license.



# TRAINING RESOURCES MARITIME INSTITUTE

## BASIC REQUIREMENTS FOR LOWER LEVEL LICENSES/CREDENTIALS

You must be able to document the required number of days for the license/credential you are seeking and **90 DAYS OF THE REQUIRED SEATIME MUST HAVE BEEN WITHIN THE LAST THREE YEARS.**

**OPERATOR OF UNINSPECTED PASSENGER VESSELS (6 passengers or less)** you must be at least 18 years old. You must be able to document at least **360 days of experience** in operation of a vessel. 90 days of the 360 days must be on ocean or near coastal waters or the license will be limited to inland waters only. The license will be limited to vessels of less than 100 gross tons. If you are **NOT** a U.S. Citizen you can receive this license **BUT** your tonnage may be limited to vessels of 5 Net Tons or less.

### ***TO RECEIVE THE FOLLOWING LICENSES/CREDENTIALS YOU MUST BE A U.S. CITIZEN***

**MATE, Near Coastal:** You must be 19 years old. You must be able to document at least **360 days of experience** in operation of a vessel, at least 180 of these days must be on ocean or near coastal waters.

**MASTER, Inland, Not More Than 100 GT** You must be 19 years old. You must be able to document at least **360 days of experience** in operation of vessels on any waters. License will be limited to inland waters. Endorsement for Sail or Auxiliary Sail is available with 180 days of Sail or Auxiliary Sail time (may be the same or part of the 360 days).

**TONNAGE CALCULATIONS,** The tonnage of the license you receive is determined by the USCG. Here is the basic calculation of the seatime:

- 100 GRT** – 90 days of service on vessels of 51 GRT or above, **OR** 180 days of service on vessels of 34 GRT or above
- 50 GRT** – 90 days of service on vessels of 25 GRT or above **OR** 180 days of service on vessels of 17 GRT or above.
- 25 GRT** – 271 days of service on vessels 5 GRT or less **OR** 90 days of service on vessels 1-25 GRT **OR** 180 days of service on vessels 1-16 GRT.

**MASTER, Near Coastal, Not More Than 100 GT** You must be 19 years old. You must be able to document at least **720 days of experience** in operation of a vessel. 360 days of the 720 must be on near coastal waters. The endorsement for Sail or Auxiliary Sail is available with 360 days of Sail or Auxiliary Sail time (may be the same or part of the 720 days).

**TONNAGE CALCULATIONS,** The tonnage of the license you receive is determined by the USCG. Here is the basic calculation of seatime:

- 100 GRT** – 180 days of service on vessels of 51 GRT or above, **OR** 360 days of service on vessels of 34 GRT or above
- 50 GRT** – 180 days of service on vessels of 26 GRT or above **OR** 360 days of service on vessels of 17 GRT or above.
- 25 GRT** – 541 days on vessels of 5 GRT or less **OR** 180 days on vessels 6-25 GRT **OR** 360 days on vessels of 1-16 GRT



### **IF YOU STARTED YOUR TRAINING (SERVICE) BEFORE MARCH 24, 2014 YOU CAN REQUEST YOUR APPLICATION BE EVALUATED UNDER THE FOLLOWING GUIDELINES THAT WERE IN EFFECT THEN.**

**INLAND TONNAGE CALCULATIONS,** The tonnage of the license you receive is determined by the USCG. Here is the basic calculation of the seatime:

- 100 GRT** – 90 days of service on vessels of 51 GRT or above, **OR** 180 days of service on vessels of 34 GRT or above
- 50 GRT** – **1 DAY OF SERVICE ON VESSELS OVER 5 GRT**
- 25 GRT** – All service is on vessels of 5 GRT or less

**NEAR COASTAL TONNAGE CALCULATIONS,** The tonnage of the license you receive is determined by the USCG. Here is the basic calculation of the seatime:

- 100 GRT** – 180 days of service on vessels of 51 GRT or above, **OR** 360 days of service on vessels of 34 GRT or above
- 50 GRT** – **1 DAY OF SERVICE ON VESSELS OVER 5 GRT**
- 25 GRT** – All service is on vessels of 5 GRT or less



**ALL ABOVE INFORMATION IS SUBJECT TO CHANGE AT ANY TIME AND WITHOUT NOTICE.  
LICENSES ARE EVALUATED AND ISSUED ACCORDING TO THE U.S. COAST GUARD'S DISCRETION.**



# TRAINING RESOURCES MARITIME INSTITUTE

## PAY.GOV INSTRUCTIONS

Please ensure that you include a copy of your receipt as the first page.

### YOU MUST HAVE AN EMAIL ADDRESS TO PAY ONLINE

1. Go to <http://www.pay.gov>.
2. Click on MAKE A PAYMENT.
3. Click on "USCG Merchant Mariner User Fee Payment" under UNITED STATES COAST GUARD.
4. Click on Continue to the Form.
5. Complete the form:

#### APPLICANT MARINER DETAILS:

- Enter in your personal details
- Select the REC that you will be sending your paperwork exp. "Long Beach-CA"

#### SELECT WHAT CREDENTIAL YOU ARE APPLYING FOR:

- **Credential category – SELECT ONE:**
  - Officer Endorsement and Rating Endorsement
    - This is if you are going for a Captain's license and a deck rating such as Able Seaman in the same application.
  - **Officer Endorsement Only (For original/renewal Captain's Credentials)**
    - **Captain's Licenses, Masters, Mates**
  - Rating Endorsement Only
    - Able Seaman
  - Duplicate MMC
  - Radio Officer Endorsement
  - Staff Officer Endorsement
  - Misc. Fee \$5
- **Type of Endorsement/Additional Endorsements**

If you selected Officer Endorsement or Deck Rating only, you will only need to fill in one endorsement box. If you have selected Officer and Deck Rating you will need to complete both endorsement boxes. The fee will appear on the left once all the require endorsements are checked.

Screen Shot Example:

Please select what you need to pay for [Questions? Click here to Chat](#)

Credential Category  
Officer Endorsements only

Type of Endorsement  
Original Officer Endorsement \$100.00  
Officer Renewal and Raise of Grade (select if you need both) \$100.00  
Officer Raise of Grade \$100.00  
Officer Renewal \$50.00  
Officer Modification or removal of limitation or scope \$50.00

Issuance Fees

Evaluation Fee	\$0.00
Examination Fee	\$0.00
Issuance Fee	\$0.00
<b>Total Fees</b>	<b>\$0.00</b>

**No fees** are required for the evaluation or issuance of STCW endorsements, Medical Certificates, or documents of continuity

[PDF Preview](#) [Continue](#)

- **Examination Fee**

You only need to pay for examination fees, if you are not turning in a course certificate. You can pay for the examination fee at a later date. Choose the option that describes your situation.

- **Issuance Fee**

There is a \$45 issuance fee that must be paid. You can choose to pay this later; however, it will delay the license being issued until the fee is paid. We suggest any one submitting an application for evaluation that has concerns that they may not qualify due to health conditions or past convictions, not pay the issuance fee until they are approved for the license.

6. Click on payment method and then click on Next.
7. Enter in your payment information and then click on Review and Submit.
8. Verify all information is correct and authorize the charge.
9. Click on Print Receipt.
10. Place copy of receipt as the first page of your submission packet.



# TRAINING RESOURCES MARITIME INSTITUTE

## HOW TO SUBMIT YOUR USCG PAPERWORK

There are 17 Regional Exam Centers, to select the REC nearest you visit:

[http://www.dco.uscg.mil/Our-Organization/Assistant-Commandant-for-Prevention-Policy-CG-5P/National-Maritime-Center-NMC/regional\\_exam\\_centers/](http://www.dco.uscg.mil/Our-Organization/Assistant-Commandant-for-Prevention-Policy-CG-5P/National-Maritime-Center-NMC/regional_exam_centers/). REC's hours, address, and email link will be listed.

Once your paperwork has been submitted and logged by the USCG, you will receive an email with your reference number. This will allow you to track your application status at: <http://www.uscg.mil/nmc> by clicking on the application status button on the home page and entering your information. Your paperwork will then be forwarded to the National Maritime Center (NMC).

There are three ways to submit your paperwork to the REC: by email, mail or in-person.

### **BY EMAIL:**

- If a fee is due you must first make the payment at: [www.Pay.Gov](http://www.Pay.Gov) to be able to submit via email. Remember to print the receipt to include as the first page of your submitted packet.
- **Scan all forms and paperwork required by the USCG** in the order listed on the checklist.
- **Fill in the subject line of the email & rename the scanned file as follows:** (Last name, first name, Middle Name, Original Credential Application). **Note:** RENEWAL APPLICANTS (Last name, first name, middle name, mariner reference #).
- Please note the attachment must not exceed 8MB.
- **Email address for Long Beach:** [reclb@uscg.mil](mailto:reclb@uscg.mil) or Oakland: [recoakland@uscg.mil](mailto:recoakland@uscg.mil)

### **BY MAIL:**

- Mail your packet to your local REC. They do not need the originals. Send them copies of the paperwork and keep the originals safe in case the USCG requests the original.
- Be sure to include a check or a copy of the [www.Pay.gov](http://www.Pay.gov) receipt with the correct fees made out to the USCG or United States Coast Guard.

Addresses for the California REC's:

#### **LONG BEACH**

USCG Regional Examination Center  
501 W. Ocean Blvd  
Suite 6200  
Long Beach, CA 90802

#### **OAKLAND**

USCG Regional Examination Center  
Oakland Federal Bldg. North Tower  
1301 Clay Street, Room 180N  
Oakland, CA 94612-5200

### **IN PERSON:**

- If you are planning to take your paperwork to the USCG, it is advisable to make an appointment online to ensure that there will be someone available to review your paperwork.
- Appointment Scheduling Link: <https://booknow.appointment-plus.com/ppb1pzg/>
- **Have all forms and paperwork required by the USCG** in the order listed on the checklist.
- You can pay in-person or pre-pay at: [www.Pay.Gov](http://www.Pay.Gov).

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

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

**Who must submit this form?**

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

**Section I: Applicant Information**

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

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

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

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

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

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

**General Application Requirements:**

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

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

**MMC and Endorsement Application Descriptions:**

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

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

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

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

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

### Section III: Safety and Suitability

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

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

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

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

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

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

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

### Section IV: Applicant Consent and Certification

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

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

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

**Section I: Applicant Information**

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

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

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

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

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

Street Address                      6c. Primary Phone Number                     

City                      State                      Zip Code                      6d. E-mail Address                     

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

Street Address                      6e. Alternate Phone Number                     

City                      State                      Zip Code                      6f. Other                     

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

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

Name                     

Street Address                      7c. Primary Phone Number (*Optional*)                     

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

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

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

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

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

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



DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

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

Section III: Safety and Suitability

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

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

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

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

Section IV: Mariner's Consent/Certification

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

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

2. **FOR CONTINUITY RENEWAL ONLY**

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

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

4. **Certification**

My signature below attests that:

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

5. **Applicant's Signature**

Signature of Applicant

Date (MM/DD/YYYY)

X \_\_\_\_\_

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

Date (MM/DD/YYYY)

X \_\_\_\_\_

Name of individual authorized to administer the Oath:

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

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

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

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

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

6a. Safety and Suitability

Name of Organization or Third Party

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

Organization Point of Contact (if applicable)

6c. Merchant Mariner Credential Delivery

Street Address

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

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

Date (MM/DD/YYYY)

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

**PRIVACY NOTICE**

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

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

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

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

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

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)

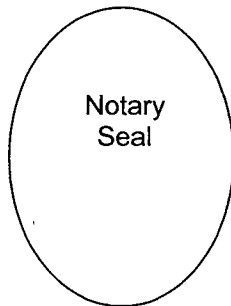
\_\_\_\_\_  
Signature

\_\_\_\_\_  
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)

**APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)**

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

**Who must submit this form?**

1. Applicants seeking a Medical Certificate are required to complete this form and submit all 10 pages, including instructions, to the U.S. Coast Guard. Guidance for completion of this form can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).
2. Mariners applying for or holding a merchant mariner credential **with only an entry-level endorsement** who serve on a vessel not subject to the International Convention on Standards of Training, Certification and Watchkeeping (STCW) but who request a **medical certificate that satisfies the Maritime Labor Convention (MLC), AND want to be qualified for lookout duties** should submit this form. Sections III (Medical Conditions), IV (Medications) and V (Physical Examination) of the CG 719K **DO NOT** have to be completed. The medical certificate will be restricted to entry-level only.
3. The Coast Guard will not accept an application for a medical certificate without a reference number or a Merchant Mariner Credential (MMC).

**Who may conduct this exam?**

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

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

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

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

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

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

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

**III(b) The Medical Practitioner** must review and discuss all conditions reported by the applicant in Section III(a). The **Medical Practitioner's** discussion should include, at a minimum, the name of the condition, approximate date of diagnosis, treatment, current status of the condition, limitations of the condition, and any additional information as appropriate. Recommended supporting documentation and testing for conditions that are subject to further review are contained in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf). Medical practitioners should be familiar with the guidelines contained within this document. If the **Medical Practitioner** discovers a condition not reported by the applicant, they must check YES in the appropriate block in III(a) and provide information on the condition, as requested, in Section III(b). For conditions that were **Previously Reported**, the Medical Practitioner need only discuss the interval history and current status of the condition. Additional sheets may be added by the applicant and/or the medical practitioner if needed to complete this section of the form. Include applicant's name and DOB on each additional sheet. The **Medical Practitioner** should **initial and date at the bottom of each page** of the application, where indicated.

**MEDICAL PRACTITIONER INITIALS:** \_\_\_\_\_  **DATE:** \_\_\_\_\_

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

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

Applicants - Refer to instructions provided in this section.

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

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

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

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

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

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

Additional guidance can be found at: [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).

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

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

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

- a. **Applicant Proof of Identity Provided** - Applicants shall present acceptable proof of identity to the **Medical Practitioner** conducting examinations. Proof of identity shall consist of one current form of valid government-issued photo identification. Examples of acceptable proof of identity include unexpired official identification issued by a Federal, State, or local government or by a territory or possession of the United States, such as a passport, U.S. driver's license, U.S. military ID card, Merchant Mariner Credential, or Transportation Worker Identification Credential.
- b. **Certification recommendation** - The **Medical Practitioner** must ensure a complete history and physical are conducted. The practitioner should address the listed questions and make a certification recommendation. The Coast Guard retains final authority for the issuance of the medical certificate.
- c. **Assessment** - The **Medical Practitioner** should provide answer to statement 1 or 2, as appropriate for the credential sought. Option 2 is for mariner applicants who are only seeking an MLC-compliant, entry-level medical certificate.
- d. **Discussion** - The **Medical Practitioner** should discuss any conditions or issues of concern.
- e. **Medical Practitioner (Attestation and Information)** - Attests that the general medical examination, vision and hearing tests, and demonstration of physical ability, as appropriate, have been performed to the satisfaction of the **Medical Practitioner**. The **Medical Practitioner** must sign and date the attestation where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the **Medical Practitioner** is true and correct to the best of their knowledge and that the **Medical Practitioner** has not knowingly omitted or falsified any material information relevant to this form.

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

Applicant certifies that the information provided is true and correct.

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

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

- a. Consent for Medical Practitioner to Release Information to the Coast Guard
- b. Consent for Coast Guard to Release Information to a Third Party
- c. Consent for Third Party to Act on your Behalf

**MEDICAL PRACTITIONER INITIALS:** \_\_\_\_\_  **DATE:** \_\_\_\_\_

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

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

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

Last Name	First Name	Middle Name	Suffix (Jr., Sr., III)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mariner Reference Number or Social Security Number	Gender:	Date of Birth (MM/DD/YYYY)	
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/>	

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

Home Address (PO Box NOT acceptable) <input type="checkbox"/>	Primary Phone Number <input type="checkbox"/>
Street Address <input type="text"/>	<input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Alternate Phone Number <input type="checkbox"/>
Delivery/Mailing Address, if different (PO Box acceptable) <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Street Address <input type="text"/>	<input type="text"/>
City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/>	Other <input type="checkbox"/>
<input type="text"/>	<input type="text"/>

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

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

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

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

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

MEDICAL PRACTITIONER INITIALS: \_\_\_\_\_  DATE: \_\_\_\_\_

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

Date of Birth: (MM/DD/YYYY)

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

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

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

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

**MEDICAL PRACTITIONER INITIALS:** \_\_\_\_\_  **DATE:** \_\_\_\_\_

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

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

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

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

Please **attach appropriate evaluation data** for conditions that are subject to further review. Information on conditions that are subject to further review and the recommended evaluation data can be found in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials, located at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).

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

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

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

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

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

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

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

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

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

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

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

MEDICAL PRACTITIONER INITIALS: \_\_\_\_\_  DATE: \_\_\_\_\_



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

Date of Birth: (MM/DD/YYYY)

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

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

**Applicants Must Report**

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

**Medical Practitioner**

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

Additional guidance on medications, including those that may be considered disqualifying, can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).

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

ATTACHED

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

**REPORT OF MEDICAL EXAMINATION**

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

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

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

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

Additional Medical Comments (Please Print)

MEDICAL PRACTITIONER INITIALS: \_\_\_\_\_  DATE: \_\_\_\_\_

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

Date of Birth: (MM/DD/YYYY)

**Section VI: Vision** - Must be performed by the **Medical Practitioner**, their medical staff or other qualified practitioner. Results must be reviewed by the **Medical Practitioner**. Additional guidance can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).

**a. Visual Acuity**

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

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

Field of Vision

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

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

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

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

**Color Vision Testing Results:**

Passed     Failed    Number of Errors:

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

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

- Normal Hearing                       Abnormal Hearing                       Hearing Aid Required

- (a) If hearing is abnormal, then perform either a functional speech discrimination test at 65dB or an audiogram documenting thresholds and averages as indicated below. Both aided and unaided values should be recorded for applicants requiring hearing aids.
- (b) All applicants with an unaided threshold  $>$  30dB in the better ear should have functional speech discrimination testing performed at 65dB.
- (c) Refer to Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf) for further guidance. Report any additional information or comments in Section IX.

Audiometer Threshold Value

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

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

Right Ear (Unaided):  %

Left Ear (Unaided):  %

Right Ear (Aided):  %

Left Ear (Aided):  %

MEDICAL PRACTITIONER INITIALS: \_\_\_\_\_  DATE: \_\_\_\_\_

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

Date of Birth: (MM/DD/YYYY)

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

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

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

1. The **Medical Practitioner** should indicate whether the applicant can meet the guidelines listed in the table above. If the **Medical Practitioner** doubts the applicant's ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40 or higher, the **practitioner** should require that the applicant demonstrate the ability to meet the guidelines contained within this table. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50' fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to firefighting position. Rather, the **Medical Practitioner** may utilize alternative measures to satisfy themselves that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the **Medical Practitioner** should be reported in the **Comments** section provided below.
2. All practical demonstrations should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and any other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).
3. If the **Medical Practitioner** is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that not all medical practitioners will have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, check the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf).
4. If the applicant is unable to perform all of the functions listed in the table above, the **Medical Practitioner** should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the **Comments** section provided below.

**Physical Ability Results:**

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

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

COMMENTS:  
(Please Print)

**MEDICAL PRACTITIONER INITIALS:** \_\_\_\_\_  **DATE:** \_\_\_\_\_

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

Date of Birth: (MM/DD/YYYY)

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

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

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

OR,

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

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

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

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

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

Office Street Address

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

(Place office address stamp here)

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

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

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

**PRIVACY NOTICE**

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

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

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

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

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

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

Date of Birth: (MM/DD/YYYY)

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

Declined

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

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

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

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

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

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

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

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

Who must submit this form?

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

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

**Section I: Applicant Consent**

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

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

Signature of Applicant (Required)

Date (MM/DD/YYYY)

X

**Section II: Name of SAMHSA Accredited Laboratory**

Name Street Address City State Zip Code

**SECTION III: Medical Review Officer**

Date Specimen Collected (MM/DD/YYYY)

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

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

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

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

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

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

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT

The test was CANCELLED because (insert reason)

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

**MEDICAL REVIEW OFFICER CONTACT INFORMATION**

Name Last First Middle

Street Address

City State Zip Code

Phone:

**MEDICAL REVIEW OFFICER AUTHORITY**

Name Last First Middle

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

Name of MRO Qualifying Organization

Registration Number Issued by Qualifying Organization:

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

<b>REQUIREMENTS</b>	<ul style="list-style-type: none"> <li>A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates.</li> <li>Only a chemical test meeting the requirements of 49 CFR Part 40 will be accepted.</li> </ul>
<b>OPTION I PERIODIC TESTING PROGRAM</b>	<ul style="list-style-type: none"> <li>A DOT Chemical test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.</li> <li><b>COLLECTION</b> of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40 Subpart C. It is <b>CRITICAL</b> that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid.</li> <li>The <b>ORIGINAL</b> results are required. A <b>FACSIMILE</b> 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.</li> </ul>
<b>OPTION II RANDOM TESTING</b>	<p><b>EXAMPLE (From Mariner Employers):</b> <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><b>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):</b> <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>
<b>OPTION III PRE-EMPLOYMENT TESTING</b>	<ul style="list-style-type: none"> <li>An <b>ORIGINAL DATED</b> letter on mariner employer stationary signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program.</li> </ul> <p><b>EXAMPLE:</b> <i>APPLICANT'S NAME/SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</p>

### PRIVACY NOTICE

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

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

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

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

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

**SAMPLE WORDING FOR SEA SERVICE LETTER**  
(Multiple Vessels)

**THE LETTER NEEDS TO BE ON COMPANY LETTERHEAD**

---

*(Company Letterhead)*

Date:

Attn: REC Commanding Officer:

Please be advised that between MM/DD/YY TO MM/DD/YY, **MARINER'S FIRST AND LAST NAME, Social Security Number** was (operator or deckhand - choose one) of various (or list name of vessel/s) auxiliary sail vessels of less than \_\_\_\_ gross tons for a total of \_\_\_\_ days, he also (operated or was a deckhand on) various (or list name of vessel/s) auxiliary sail vessels between \_\_\_\_ and \_\_\_\_ gross tons for a total of \_\_\_\_ days. These vessels were (type of vessel) and (type of vessel) auxiliary sail vessels. *(If you have the names, document numbers and gross tonnage of specific vessels it's best to list them and not just the type and size.)*

**MARINER'S FULL NAME** was (operator or deckhand - choose one) of various (or list name of vessel/s) power-driven vessels of less than \_\_\_\_ gross tons for a total of \_\_\_\_ days, he also (operated or was a deckhand on) various (or list name of vessel/s) power-driven vessels between \_\_\_\_ and \_\_\_\_ gross tons for a total of \_\_\_\_ days. These vessels were (type of vessel) and (type of vessel) power-driven vessels. *(If you have the names, document numbers and gross tonnage of specific vessels it's best to list them and not just the type and size.)*

The total time on these vessels was \_\_\_\_ days, during these days he was underway for a total of at least \_\_\_\_ hours a day (A MINIMUM OF 4 HOURS). Of these days \_\_\_\_ were within the last 3 years (A MINIMUM OF 90 DAYS).

The area in which these vessels were operated in was \_\_\_\_\_ and the waters in the (EXAMPLE: Pacific Ocean from Point Loma to La Jolla) no more than \_\_\_\_ miles offshore. Of the \_\_\_\_ days \_\_\_\_ were inland and \_\_\_\_ were near coastal days.

I am aware of the fact that whoever, in any matter within the jurisdiction of any department or agency of the U.S. knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or device, a material fact, or makes any false, fictitious or fraudulent writing or document knowing the same to contain false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than 5 years, or both. (18 USC 1001).

Sincerely,

(SIGNATURE)

Full Name

Position

**Note: This letter needs to cover a lot of information:**

1. **You need to separate auxiliary sail and power-driven vessels.**
2. **You need to separate the gross tonnage on the vessels so that you meet the tonnage requirements for the license level you are requesting. The various checklists with the license requirements are available at [USCG.MIL/NMC](http://USCG.MIL/NMC)**
3. **You need to specify the number of days that are inland or near coastal.**
4. **You need to specify how many days were within the last 3 years. You MUST HAVE at least 90 days within the last 3 years and this must be stated in the letter or letters.**



U.S. Coast Guard

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

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

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

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

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

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

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

**Section II: Record of Underway Service**

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

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

Total number of days served on this vessel:

Average hours underway (per day):

Average distance offshore:

Number of days served on Great Lakes:

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

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

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

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

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

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

Signature of Applicant

Date (MM/DD/YYYY)

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

Signature and Title of Person Attesting to Experience

Date (MM/DD/YYYY)

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

## PRIVACY NOTICE

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

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

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

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