

## USCG Application Guidelines

Congratulations on completing the Captain's Course at Confident Captain!

Use this guide to help you properly put together your application package. If you have questions that you are unable to find answers to in the packet, we will be happy to assist you but please read this thoroughly and gather all your questions before contacting us.

Your certificate from Confident Captain is good for one year from the date of issue so please make sure to submit your certificate along with your application to the USCG in time.

One of the first steps should be to start the TWIC application process (page 28). This involves two visits to your local enrollment center. Please make an appointment to guarantee your visit rather than walking in. This process can take a few weeks and the timing is unpredictable. Confident Captain cannot be held responsible for delays.

Processing time with the USCG is also very unpredictable and it could take many months. Confident Captain cannot be held responsible for this; it is your responsibility to submit your paperwork to the Coast Guard in a timely manner.

How to use this guide: This guide has been created by Confident Captain to help you throughout the application process. For the most up to date information regarding USCG credentials, please contact the USCG directly, or visit:

[https://www.dco.uscg.mil/nmc/merchant\\_mariner\\_credential/](https://www.dco.uscg.mil/nmc/merchant_mariner_credential/)

## Contents

- Page 3: Application Checklist
- Page 4-5: Application for License (CG-719B) instructions
- Page 6-10: USCG Application for license (CG-719B)
- Page 11: Merchant Mariners Oath
- Page 12: Physical Examination and Drug Testing Information.
- Page 13: FAQ Common Errors Made in Submitting Form CG -719K
- Page 14-21: Merchant Mariner Physical Examination Report (CG-719K)
- Page 22-25: FAQ Drug Testing Information
- Page 26-27: DOT/USCG Periodic Drug Testing Form (CG-719P)
- Page 28: FAQ Transportation Workers Identity Card (TWIC)
- Page 31: Overview of Small Vessel Sea Service Form (CG-719S)
- Page 32-34: FAQ What Constitutes Sea Service
- Page 35-36: Tonnage Calculations
- Page 37-38: Small Vessel Sea Service Form (CG-719S)
- Page 39: Application Fee and Pay.Gov instructions
- Page 40: Instructions for Submitting Application Package
- Page 41: USCG Regional Exam Center (REC) Address, Contact Information, Application Status Information, and Expedited Delivery

## USCG Application Checklist

License Applications: Before submitting your application to the Regional Exam Center, please make sure that you have included the following items.

1. **Form CG-719B Application for License**
2. **Notarized copy of the Merchant Mariners Oath** (46 USC) if original license, and if mailing in your application
3. **Form CG-719K Physical Examination Report** (must have been completed within the past 12 months, 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)
4. **Form CG-719P USCG/DOT Periodic Drug Testing Form** (completed with the past 6 months)
5. **Form CG-719S Small Vessel Sea Service Form**
6. **Transportation Worker Identification Card (TWIC)**
7. **Confirmation receipt from [www.pay.gov](http://www.pay.gov)** showing that all applicable fees have been paid
8. **Confident Captain's Course Completion Certificates** and any endorsement (Auxiliary Sail, Assistance Towing, STCW) certificates you have received

Forms referenced in this checklist may be accessed by visiting:

<https://www.dco.uscg.mil/nmc/forms/>

These forms may be downloaded, filled out and saved on your computer. You will need to print the completed forms to sign them, then scan and save as the files to submit electronically via email, as preferred by the Regional Exam Center (REC). Optionally, forms can be FAXed, mailed, or delivered in person to the REC.

## Application for License Instructions

When applying for your USCG Captain's License, it is essential that your Application for License (Form CG-719B) is completed in its entirety. Most of this form is self-explanatory but there are often questions that arise when mariners begin looking at

“Section II: Requested Coast Guard Credentials  
Credential or Endorsement Types(s) Requested:”

To properly complete Section II, first gather all your sea time and then reference the checklists provided on the NMC website, which detail the requirements for each license at the following link:

<https://www.dco.uscg.mil/nmc/checklist/>

The following are the likely endorsements of interest:

- National Master 100 NC  
[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp\\_fm\\_nmc5\\_15\\_web.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp_fm_nmc5_15_web.pdf)
- National Master 100 GL and Inland  
[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp\\_fm\\_nmc5\\_23\\_web.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp_fm_nmc5_23_web.pdf)
- National Mate 200 NC  
[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp\\_fm\\_nmc5\\_13\\_web.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp_fm_nmc5_13_web.pdf)
- National Mate 200 GL and Inland  
[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp\\_fm\\_nmc5\\_22\\_web.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp_fm_nmc5_22_web.pdf)
- National OUPV Less Than 100 GRT  
[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp\\_fm\\_nmc5\\_31\\_web.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/checklists/mcp_fm_nmc5_31_web.pdf)

Notes:

“NC” means Near Coastal, “GL” Great Lakes.

Tonnage requirements for 25, 50 and 100 GRT are included within the checklists. All tonnages are Gross Register Tons (GRT), which is the USCG's “Domestic” tonnage rating, **not** “International” Gross Tonnage (GT). Checklists for Mates are combined up to 200 GRT.

On Form CG-719B Section II Page 3 “Description of Endorsement(s) Desired:” write in whichever license you believe that you qualify for, using the capacity, tonnage, and route listed on the checklist. For example, “National Master of Self-Propelled &/or Aux Sail Vessels of Less Than 100 GRT Upon Near Coastal Waters”

IMPORTANT: USCG “National” (Domestic) Licenses can be endorsed with corresponding STCW approval for validity in International waters provided you hold the National license and provide proof of additional STCW mandated requirements. On the NMC website checklist page choose a checklist under STCW Officer Endorsements.

<https://www.dco.uscg.mil/nmc/checklist/#collapse2>

The lowest tonnage shown is Master Less than 500 GT, but the USCG issues an equivalency rating of 200GRT/500GT for mariners with a 200 GRT License. Lower ratings can be endorsed for STCW with completion of approved STCW Basic Training.

The following pages are screenshots (hyperlinks not active) of the actual License Application form CG-719B, followed by the format for the Merchant Mariner Oath prescribed in CFR 46, Chapter 1, subchapter B, part 10, paragraph 10.225 (c), which must be notarized if not signed in person at the Regional Exam Center.

<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. Coast Guard</b> <b>APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)</b>	OMB No. 1625-0040 Exp. Date: 03/31/2021
<b>----- Instructions -----</b>	
<b>Who must submit this form?</b>	
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. <a href="http://www.uscg.mil/nmc">www.uscg.mil/nmc</a>	
<b>Section I: Applicant Information</b>	
I.1 <b>Legal Name</b> - Enter complete legal name. Include any aliases you have used and your maiden or prior name(s). I.2a <b>Social Security Number</b> - If you are applying for an original credential, enter your SSN. I.2b <b>Reference Number</b> - If you have been credentialed by the Coast Guard in the past, enter your reference number. I.2c <b>Alien Registration Number</b> - If you are a legal alien, also enter your alien registration number (ARN). I.3 <b>Date of Birth</b> - 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 <b>Citizen</b> - If not a U.S. citizen, please indicate country of nationality. I.5a-c <b>Place of Birth</b> - City, State, Country. If born outside the United States, leave State blank.	
<b>Section I: Applicant Address and Contact Information (If NMC is unable to contact you, it could cause delays in processing your application.)</b>	
I.6a <b>Home Address</b> - Principle place of residence. <b>PO Box is NOT acceptable.</b> I.6b <b>Delivery/Mailing Address</b> - 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 <b>Primary Phone Number</b> - Provide a primary phone number. I.6d <b>Alternate Phone Number</b> - Provide an alternate phone number if available. I.6e <b>E-mail Address</b> - 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 <b>Other</b> - Please provide additional means of communicating with you (satellite phone, work phone, etc.) if available.	
<b>Section I (continued): Next of Kin/Emergency Contact: (Check the box for preferred contact method)</b>	
I.7a <b>Next of Kin/Emergency Contact</b> - Name & Mailing Address, City, State, Zip Code. I.7b <b>Relationship</b> - Provide relationship status to next of kin listed on application. (i.e. Mother, Father, Spouse) I.7c <b>Primary Phone Number</b> - Phone number to contact the person listed in the event of an emergency. I.7d <b>Alternate Phone Number</b> - Provide a cellular phone number, if available. I.7e <b>E-mail Address</b> - Provide an e-mail address for Next of Kin listed.	
<b>Section II: Requested Merchant Mariner Credential (MMC) and endorsements (Including Certificate of Registry)</b>	
<b>General Application Requirements:</b> 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. <ul style="list-style-type: none"> <li>A quick reference table for the requirements of an MMC and any endorsement is available online at: <a href="http://46CFR10.239">46CFR 10.239</a></li> <li>More information is available on the National Maritime Center (NMC) website: <a href="http://www.uscg.mil/nmc">www.uscg.mil/nmc</a></li> </ul> <b>MMC and Endorsement Application Descriptions:</b> 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. <ol style="list-style-type: none"> <li><b>Original MMC</b> - 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.</li> <li><b>Renewal MMC</b> - 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.</li> </ol>	



<p><b>3. U.S. Registered Pilot</b> - When only applying for an original or renewal, please scan and email the completed application along with supporting documentation to: <a href="mailto:GreatLakesPilotage@uscg.mil">GreatLakesPilotage@uscg.mil</a>, or send via regular mail to:</p> <p style="text-align: center;">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</p> <p><b>4. Duplicate MMC</b> - 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.</p> <p><b>5. MMC Endorsement(s)</b> - 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 <a href="#">46 CFR 10.109</a>.</p> <p><b>NOTE:</b> 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.</p> <p><b>(a) Raise of Grade (ROG) Endorsement</b> - 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.</p> <p><b>(b) Increase in Scope</b> - 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).</p> <p><b>6. Document of Continuity</b> - 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.</p> <p><b>7. Entry Level Ratings</b> - 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.</p>	<p><b>Section III: Safety and Suitability</b></p>
<p><b>III. 1 Transportation Worker Identification Credential (TWIC):</b></p> <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> <p><b>III. 2a-f Criminal Record Review (Convictions and Drug Use):</b></p> <p>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.</p> <ul style="list-style-type: none"> <li><b>Original Applicants are required to list ALL convictions.</b></li> <li><b>Written Disclosures</b> - Applicants may use the optional form (CG-719C) to provide written disclosure of all convictions.</li> <li><b>Conviction means</b> 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.</li> </ul> <p><b>III.3 National Driver Registry (NDR):</b></p> <ul style="list-style-type: none"> <li>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.</li> </ul>	<p><b>Section IV: Applicant Consent and Certification</b></p>
<p><b>IV.1 Mariner Outreach System:</b> 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.</p> <p><b>IV.2 Continuity:</b> Credentials issued for continuity purposes are not valid for use.</p> <p><b>IV.3 Consent:</b> Applicants under the age of 18 must attach a notarized statement of parental/guardian consent.</p> <p><b>IV.4 Certification:</b> 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.</p> <p><b>IV.5 Signature and Date:</b> Failure to sign and date the application will result in the application being returned.</p> <p><b>IV.6 Third Party Authorization (optional):</b> 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: <a href="http://www.uscg.mil/nmc/">http://www.uscg.mil/nmc/</a>.</p>	<p>CG-719B (04/17) <span style="float: right;">Reset</span> <span style="float: right;">Page 2 of 5</span></p>

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)						
<b>Section I: Applicant Information</b>						
1. Legal Name: Last		First Name		Middle Name	Suffix (Jr., Sr., III)	Alias(es) or Maiden Name(s) if applicable
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
2a. SSN (for Original only)		2b. Reference Number (if applicable)		2c. Alien Registration Number (ARN) (if applicable)		3. Date of Birth (MM/DD/YYYY)
<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>
4. Citizenship	5a. Place of Birth (City)		5b. State	5c. Country	5d. Color of Eyes	5e. Color of Hair
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Applicant Address and Contact Information (Please indicate best method(s) of contact by checking the appropriate box(es)).</b>						
6a. Home Address (PO Box NOT acceptable) <input type="checkbox"/>						
Street Address				6c. Primary Phone Number <input type="checkbox"/>		
<input type="text"/>				<input type="text"/>		
City	State	Zip Code		6d. E-mail Address <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
6b. Delivery/Mailing Address, if different (PO Box acceptable) <input type="checkbox"/>						
Street Address				6e. Alternate Phone Number <input type="checkbox"/>		
<input type="text"/>				<input type="text"/>		
City	State	Zip Code		6f. Other <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
<b>Next of Kin/Emergency Contact (Please indicate best method(s) of contact by checking the appropriate box(es).) (Optional)</b>						
<input type="checkbox"/> 7a. Mailing Address, City, State, Zip Code Same address as above				7b. Relationship (Optional) <input type="checkbox"/>		
Name				<input type="text"/>		
<input type="text"/>				7c. Primary Phone Number (Optional) <input type="checkbox"/>		
Street Address				<input type="text"/>		
<input type="text"/>				7d. Alternate Phone Number (Optional) <input type="checkbox"/>		
<input type="text"/>				<input type="text"/>		
City	State	Zip Code		7e. E-mail Address (Optional) <input type="checkbox"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
<b>Section II: Requested Coast Guard Credential(s) Credential or Endorsement Type(s) Requested:</b>						
Endorsement Category	Transaction Type (Check all that apply: See instructions for definitions and additional requirements for the transaction below)					
	Original	Renewal	Duplicate	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity
Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Entry Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Description of Endorsement(s) Desired:</b> 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)						
<input type="checkbox"/> 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.						

CG-719B (04/17)

Reset

Page 3 of 5





DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard <b>APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)</b>		OMB No. 1625-0040 Exp. Date: 03/31/2021
<b>Section III: Safety and Suitability</b>		
<input type="checkbox"/> <b>1. TWIC (Transportation Worker's Identification Credential) EXEMPTION STATEMENT</b> - 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.		
<b>2. Criminal Record (Convictions and Drug Use):</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c) Have you ever been convicted by any court-including military court - for an offense other than a minor traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e) Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f) Have you had a drug test with a result other than negative within the last 10-years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> <b>3. National Driver Registry (NDR) Consent (Mandatory for Original, Renewal, or new Officer Endorsement):</b> 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. <b>NOTE: Not required for Document of Continuity applicants.</b> 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.		
<b>Section IV: Mariner's Consent/Certification</b>		
<b>1. Mariner Outreach System (Optional):</b> 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 seafair 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 seafair 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 <a href="https://mos.marad.dot.gov/">https://mos.marad.dot.gov/</a> .		
<input type="checkbox"/> Yes, I would like to participate <input type="checkbox"/> No thanks, I do not wish to participate at this time		
<b>2. FOR CONTINUITY RENEWAL ONLY</b> 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.		
<input type="checkbox"/> <b>3. CONSENT:</b> I am under 18 years of age and a notarized statement of parental/guardian consent is attached.		
<b>4. Certification</b> <b>My signature below attests that:</b> <ul style="list-style-type: none"><li>All information on this application is true and correct to the best of my knowledge.</li><li>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.</li><li>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.</li></ul>		
<b>5. Applicant's Signature</b>		
Signature of Applicant <b>X</b> _____	Date (MM/DD/YYYY) _____	
Signature of individual authorized to administer the Oath. This is required only once for a mariner. <b>X</b> _____	Date (MM/DD/YYYY) _____	
Name of individual authorized to administer the Oath: _____		

CG-719B (04/17) Printed Name of Applicant: \_\_\_\_\_Page 4 of 5

<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. Coast Guard</b> <b>APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)</b>		OMB No. 1625-0040 Exp. Date: 03/31/2021
<b>Section IV: Mariner's Consent/Certification (continued)</b>		
<b>6. Third Party Authorization (Optional)</b> • 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.		
<input type="checkbox"/> 6a. Safety and Suitability  <input type="checkbox"/> 6b. Professional qualifications, certification records, training records, or Sea Service  <input type="checkbox"/> 6c. Merchant Mariner Credential Delivery  <input type="checkbox"/> 6d. Act on my behalf in all matters pertaining to the processing of my current USCG credential application (All of the above)	Name of Organization or Third Party <input style="width: 100%;" type="text"/>  Organization Point of Contact (if applicable) <input style="width: 100%;" type="text"/>  Street Address <input style="width: 100%;" type="text"/>  City <input style="width: 20%;" type="text"/> State <input style="width: 10%;" type="text"/> Zip Code <input style="width: 20%;" type="text"/>  Phone Number <input style="width: 20%;" type="text"/> Email Address <input style="width: 40%;" type="text"/>  Signature of Applicant <b>X</b> _____ Date (MM/DD/YYYY) <input style="width: 20%;" type="text"/>	
<b>PRIVACY NOTICE</b>		
<p><b>Authority:</b> 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301</p> <p><b>Purpose:</b> 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.</p> <p><b>Routine Uses:</b> 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).</p> <p><b>Disclosure:</b> 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.</p> <p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for 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.</p>		

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 Seal

\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(Commission expiration date)

## Physical Exam and Drug Testing Information

- **General Information about Physical Examinations:**
  - For an original license and license renewals, form CG-719K (or CG-719KE for entry level ratings) must be used to apply for a Medical Certificate. The completed form is part of the application package sent to the Regional Exam Center (REC) for evaluation along with other documentation.
  - Physical examinations fulfilling the USCG requirements can be done by any US licensed physician provided the Coast Guard form CG-719K shown on the following pages is used.
  - Locally we recommend Concentra in Providence or Warwick. [www.concentra.com](http://www.concentra.com)
  - The doctor must complete the USCG form CG-719K and sign it. Physical exams must have been completed within 12 months before you submit your paperwork to the USCG to obtain your license.
- 
- **General Information about Drug Testing:** A drug test or certified program is required for most transactions. ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted. Please review form CG-719P for details of what is required and accepted by the National Maritime Center (NMC). Drug testing must be completed at a facility that is approved by the USCG.
  - Locally we recommend Concentra in Providence or Warwick. [www.concentra.com](http://www.concentra.com)
  - Alternatively, other Regional Occupational Health Services locations will provide the same approved services.

The following pages contain a list of common mistakes made in filling out the medical application, followed by screenshots of the actual form CG-719K Application for Medical Certificate. This is followed by information about drug testing, and form CG-719P DOT/USCG Periodic Drug Testing (links in the screenshots are not live.)

## National Maritime Center

Serving Our Nation's Mariners



### Common Errors Mariners Make When Submitting Form CG-719K (04/17)

1. Response not provided for Food Handler Certification (Section II, Page 3)
2. YES or NO response not provided for each condition listed (Section III (a), Page 4)
3. Incomplete details (date of onset/condition/treatment/status/limitations) of conditions identified on Page 4 (Section III (b), Page 5)
4. No response or incomplete response to medication section (Section IV, Page 6)
5. Missing height, weight, pulse rate, and/or blood pressure (Section V, Page 6)
6. NORMAL or ABNORMAL response not provided for each system/organ identified (Section V, Page 6)
7. Missing uncorrected vision (Section VI (a), Page 7)
8. Uncorrected vision tests with corrective lenses (Section VI (a), Page 7)
9. Missing field of vision (Section VI (a), Page 7)
10. Inappropriate color vision testing method, number of errors omitted, or determination not indicated (Section VI (b), Page 7).  
*\*\*\*NOTE: If color vision testing failed, to avoid processing delay, put handwritten note in this section that indicates the applicant's ability to distinguish red, green, blue, and yellow; and by which method.*
11. Hearing not marked as normal, abnormal, or hearing aid required (Section VII, Page 7)
12. Missing Physical Ability Results (Section VIII, Page 8)
13. Proof of identity not checked (Section IX (a), Page 9)
14. Certification recommendations (Recommended, Not Recommended, or Needs Further Review) not checked (Section IX (b), Page 9)
15. Significant risk of sudden incapacitation (Yes, No, or Needs Further Review) not checked (Section IX (c), Page 9)  
*\*\*\*If entry-level – Medical condition aggravated by service at sea (Yes, No, or Needs Further Review) for entry level rating not checked (Section IX (c), Page 9)*
16. Provider failed to sign/date the form and/or provide license number (Section IX (e), Page 9)
17. Missing signature of Applicant (Section X, Page 9)



DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard				OMB No. 1625-0040 Exp. Date: 03/31/2021
APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)				
<b>Section I: Applicant Information - To be completed by the Applicant and reviewed by the Medical Practitioner</b>				
Last Name	First Name	Middle Name	Suffix ( <i>Jr., Sr., III</i> )	
<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="text"/>
Please indicate best method(s) of contact by checking the appropriate box(es).				
Home Address ( <i>PO Box NOT acceptable</i> ) <input type="checkbox"/>				
Street Address		Primary Phone Number <input type="checkbox"/>		
<input type="text"/>		<input type="text"/>		
City	State	Zip Code	Alternate Phone Number <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Delivery/Mailing Address, if different ( <i>PO Box acceptable</i> ) <input type="checkbox"/>			E-mail Address <input type="checkbox"/>	
Street Address			<input type="text"/>	
City	State	Zip Code	Other <input type="checkbox"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Endorsement Held or Sought</b> ( <i>Check all that apply or the Coast Guard will not accept the application</i> ):				
<input type="checkbox"/> Deck <input type="checkbox"/> Engine <input type="checkbox"/> Food Handler <input type="checkbox"/> STCW <input type="checkbox"/> Entry-level with lookout duties  <input type="checkbox"/> U.S. Registered Pilot (Great Lakes Pilotage) <input type="checkbox"/> First-Class Pilot or those Serving as Pilot (Federal Pilotage/46 CFR 15.812)  <input type="checkbox"/> Other (Please explain): <input type="text"/>				
<b>Section II: Food Handler Certification - To be completed by the Medical Practitioner</b>				
<p>1. Food Handlers must obtain a statement from the <b>Medical Practitioner</b> 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 (<i>Food Handler box is checked in Section I, above</i>), the <b>Medical Practitioner</b> may provide the attestation by answering Yes or No to the question in bold below.</p> <p>2. <b>Communicable disease</b> 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.</p> <p>3. The <b>Medical Practitioner</b> 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:</p> <p>a. 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.</p> <p>b. 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.</p> <p>c. 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.</p> <p style="text-align: center;"><b>Is the applicant free from communicable disease?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p style="text-align: center;"> <input type="checkbox"/> <b>MEDICAL PRACTITIONER INITIALS:</b> <input type="text"/> <input type="checkbox"/> <b>DATE:</b> <input type="text"/> </p>				



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.) <input style="width: 200px;" type="text"/>		Date of Birth: (MM/DD/YYYY) <input style="width: 100px;" type="text"/>
<b>Section III(b): Medical Conditions - To be completed by the Medical Practitioner</b>		
<p><b>Instructions:</b> For each item marked <b>YES</b> in Section III(a), the <b>Medical Practitioner</b> must provide the information requested IN THE BLOCKS below. For each condition marked <b>Previously Reported (PR)</b>, the provider need only discuss the interval history and current status of the condition.</p> <p>For conditions with a <b>Medical Waiver (MW)</b> review the applicant's waiver letter and attach all waiver reporting requirements.</p> <p>Please <b>attach appropriate evaluation data</b> 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 <a href="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>.</p> <p>Indicate whether additional information has been attached by marking the <b>ATTACHED</b> box. <b>Additional sheets may be added</b>, if needed to complete this section (include applicant name and date of birth on each additional sheet).</p>		
Item # <input style="width: 50px;" type="text"/>	Date of onset or diagnosis (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	Attached <input type="checkbox"/>
<b>Condition</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Treatment</b> <input style="width: 350px; height: 30px;" type="text"/>
<b>Status</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Limitations</b> <input style="width: 350px; height: 30px;" type="text"/>
Item # <input style="width: 50px;" type="text"/>	Date of onset or diagnosis (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	Attached <input type="checkbox"/>
<b>Condition</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Treatment</b> <input style="width: 350px; height: 30px;" type="text"/>
<b>Status</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Limitations</b> <input style="width: 350px; height: 30px;" type="text"/>
Item # <input style="width: 50px;" type="text"/>	Date of onset or diagnosis (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	Attached <input type="checkbox"/>
<b>Condition</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Treatment</b> <input style="width: 350px; height: 30px;" type="text"/>
<b>Status</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Limitations</b> <input style="width: 350px; height: 30px;" type="text"/>
Item # <input style="width: 50px;" type="text"/>	Date of onset or diagnosis (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	Attached <input type="checkbox"/>
<b>Condition</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Treatment</b> <input style="width: 350px; height: 30px;" type="text"/>
<b>Status</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Limitations</b> <input style="width: 350px; height: 30px;" type="text"/>
Item # <input style="width: 50px;" type="text"/>	Date of onset or diagnosis (mm/dd/yyyy) <input style="width: 100px;" type="text"/>	Attached <input type="checkbox"/>
<b>Condition</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Treatment</b> <input style="width: 350px; height: 30px;" type="text"/>
<b>Status</b> <input style="width: 350px; height: 30px;" type="text"/>		<b>Limitations</b> <input style="width: 350px; height: 30px;" type="text"/>

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

[illegible]

Print Applicant Name: (Last, First, MI.) <input style="width: 200px;" type="text"/>		Date of Birth: (MM/DD/YYYY) <input style="width: 100px;" type="text"/>					
<b>Section VI: Vision</b> - Must be performed by the <b>Medical Practitioner</b> , their medical staff or other qualified practitioner. Results must be reviewed by the <b>Medical Practitioner</b> . Additional guidance can be found at <a href="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> .							
<b>a. Visual Acuity</b>							
<b>Distance Vision, Uncorrected:</b> If correction required, Distance Vision Correctable To:		<b>Field of Vision</b>					
Right: 20/ <input style="width: 40px;" type="text"/>	Right: 20/ <input style="width: 40px;" type="text"/>	<input type="checkbox"/> Normal (the applicant's horizontal field of vision is greater than or equal to 100 degrees). <input type="checkbox"/> Abnormal					
Left: 20/ <input style="width: 40px;" type="text"/>	Left: 20/ <input style="width: 40px;" type="text"/>						
<b>b. Color Vision:</b> The <b>Medical Practitioner</b> should assess the applicant's color vision sense using one of the following testing methodologies. The <b>Medical Practitioner</b> must indicate which test was utilized, and the <b>number of errors</b> 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"/> AOC-HRR (2nd Edition) - (No errors in test plates 7-11) <input type="checkbox"/> HRR PIP (4th Edition) - (No errors in test plates 5-10) <input type="checkbox"/> Richmond (2nd and 4th Edition) - (6 or fewer errors) <input type="checkbox"/> Titmus Vision Tester/OPTEC 2000 - (No errors on 6 plates) <input type="checkbox"/> OPTEC 900 (colored lights) Test per instruction booklet		<input type="checkbox"/> Ishihara pseudoisochromatic plates test, 14 plate (5 or less errors) <input type="checkbox"/> Ishihara pseudoisochromatic plates test, 24 plate (6 or less errors) <input type="checkbox"/> Ishihara pseudoisochromatic plates test, 38 plate (8 or less errors) <input type="checkbox"/> Farnsworth Lantern (colored lights) Test per instruction booklet <input type="checkbox"/> Dvorine (2nd Edition) pseudoisochromatic 15 plate test (6 or less errors)					
<b>Alternative Testing</b> (attach evaluation/test results): <input type="checkbox"/> Farnsworth D-15 Hue Test (Engineer/radio officer/tankerman/MODU only) <input type="checkbox"/> Formal ophthalmology/optometry color vision evaluation <input type="checkbox"/> Other alternative test acceptable to the Coast Guard							
<b>Color Vision Testing Results:</b> <input type="checkbox"/> Passed <input type="checkbox"/> Failed      Number of Errors: <input style="width: 50px;" type="text"/>							
<b>Section VII: Hearing</b> - Must be performed by the <b>Medical Practitioner</b> , their medical staff or other qualified practitioner. Results must be reviewed by the <b>Medical Practitioner</b> .							
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.							
<input type="checkbox"/> Normal Hearing <input type="checkbox"/> Abnormal Hearing <input type="checkbox"/> 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 $> 30$ dB 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 <a href="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> for further guidance. Report any additional information or comments in Section IX.							
<b>Audiometer Threshold Value</b>		<b>Functional Speech Discrimination Test @ 65dB, if required by instruction (b) above</b>					
	500Hz	1,000Hz	2,000Hz	3,000Hz	Average		
Right Ear (Unaided)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Right Ear (Unaided):	<input style="width: 40px;" type="text"/> %
Left Ear (Unaided)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Left Ear (Unaided):	<input style="width: 40px;" type="text"/> %
Right Ear (Aided)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Right Ear (Aided):	<input style="width: 40px;" type="text"/> %
Left Ear (Aided)	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	Left Ear (Aided):	<input style="width: 40px;" type="text"/> %
<input type="checkbox"/> <b>MEDICAL PRACTITIONER INITIALS:</b> _____ <input type="checkbox"/> <b>DATE:</b> _____							



Print Applicant Name: (Last, First, MI.)	Date of Birth: (MM/DD/YYYY)	
<b>Section VIII: Demonstration of Physical Ability - To be completed by the Medical Practitioner</b>		
<b>LISTS OF TASKS CONSIDERED NECESSARY FOR PERFORMING ORDINARY AND EMERGENCY RESPONSE SHIPBOARD FUNCTIONS</b>		
Shipboard Tasks, Function, Event, or Condition	Related Physical Ability	The Examiner Should Be Satisfied That The Applicant:
Routine movement on slippery, uneven, and unstable surfaces	Maintain balance (equilibrium)	Has no disturbance in sense of balance
Routine access between levels	Climb up and down vertical ladders and stairways	Is able, without assistance, to climb up and down vertical ladders and stairways
Routine movement between spaces and compartments	Step over high doorsills and coamings, and move through restricted accesses	Is able, without assistance, to step over a doorsill or coaming of 24 inches (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 (lowering height by bending knees); kneel (placing knees on ground); stoop (lowering height by bending at the waist); use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers	Is able, without assistance, to grasp, lift, and manipulate various common shipboard tools
Emergency response procedures including escape from smoke-filled spaces	Crawl (ability to move body using hands and knees); feel (ability to handle or touch to examine or determine differences in texture and temperature)	Is able, without assistance, to crouch, kneel, and crawl, and to distinguish differences in texture and temperature by feel
Stand a routine watch	Stand a routine watch	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods
React to visual alarms and instructions, emergency response procedures	Distinguish an object or shape at a certain distance	Fulfills the eyesight standards for the merchant mariner credential
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
<p>1. The <b>Medical Practitioner</b> should indicate whether the applicant can meet the guidelines listed in the table above. If the <b>Medical Practitioner</b> 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 <b>practitioner</b> 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 <b>Medical Practitioner</b> 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 <b>Medical Practitioner</b> should be reported in the <b>Comments</b> section provided below.</p> <p>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).</p> <p>3. If the <b>Medical Practitioner</b> 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 <a href="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>.</p> <p>4. If the applicant is unable to perform all of the functions listed in the table above, the <b>Medical Practitioner</b> 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 <b>Comments</b> section provided below.</p>		
<b>Physical Ability Results:</b>	<input type="checkbox"/> Applicant has the physical strength, agility, and flexibility to perform all of the items listed in the physical ability table. <input type="checkbox"/> Applicant does <b>NOT</b> have the physical strength, agility, and flexibility to perform all of the items listed in the physical ability table.	
<b>COMMENTS:</b> (Please Print)		
<input type="checkbox"/> <b>MEDICAL PRACTITIONER INITIALS:</b> _____ <input type="checkbox"/> <b>DATE:</b> _____		

Print Applicant Name: (Last, First, MI.) <input style="width: 90%;" type="text"/>	Date of Birth: (MM/DD/YYYY) <input style="width: 90%;" type="text"/>
<b>Section IX: Summary - To be completed by the Medical Practitioner</b>	
a. Applicant proof of identity provided: <input type="checkbox"/> Yes <input type="checkbox"/> No         b. Certification recommendation: <input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended <input type="checkbox"/> Needs Further Review	
c. <b>Assessment:</b> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Further Review	
d. <b>Discussion:</b> Please discuss any conditions subject to further review identified in Section III(b) or any other concerns. Please print or type. <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>	
e. <b>Medical Practitioner:</b> 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 <input style="width: 95%;" type="text"/>	First Name <input style="width: 95%;" type="text"/>
M.I. <input style="width: 95%;" type="text"/>	License Number <input style="width: 95%;" type="text"/>
State <input style="width: 95%;" type="text"/>	
Signature <input style="width: 45%;" type="text"/> Date (MM/DD/YYYY) <input style="width: 25%;" type="text"/> Phone Number <input style="width: 25%;" type="text"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/>	
Office Street Address <input style="width: 95%;" type="text"/>	
City <input style="width: 25%;" type="text"/>	State <input style="width: 15%;" type="text"/> Zip Code <input style="width: 25%;" type="text"/>
(Place office address stamp here)	
<b>Section X: Application Certification - To be completed by the Applicant</b>	
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 <input style="width: 60%;" type="text"/> Date (MM/DD/YYYY) <input style="width: 40%;" type="text"/>	
<b>PRIVACY NOTICE</b>	
<b>Authority:</b> 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301 <b>Purpose:</b> 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. <b>Routine Uses:</b> 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). <b>Disclosure:</b> 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)
<b>Section XI: (Optional) Applicant Consent - To be completed by the Applicant</b>	
Declined <input type="checkbox"/>	
<p><b>a. CONSENT FOR MEDICAL PRACTITIONER TO RELEASE INFORMATION TO THE COAST GUARD:</b></p> <p>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.</p> <p>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.</p> <p>I have read and understand the following statement about my rights:</p> <ul style="list-style-type: none"> <li>▶ 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.</li> <li>▶ Upon request, I may see or copy the information described in this release.</li> <li>▶ I am not required to sign this release to receive my medical evaluation.</li> </ul>	
Signature of Applicant	Date (MM/DD/YYYY)
<p><b>b. CONSENT FOR COAST GUARD TO RELEASE INFORMATION TO A THIRD PARTY:</b></p> <p>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.</p> <p>Please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party Authorization information may be attached separately.</p> <p>Name of Organization or Third Party</p> <p>Organization Point of Contact (if applicable) Phone Number</p> <p>Street Address</p> <p>City State Zip Code</p>	
Signature of Applicant	Date (MM/DD/YYYY)
<p><b>c. CONSENT FOR THIRD PARTY TO ACT ON MY BEHALF:</b></p> <p>My signature authorizes the following third party to <b>act on my behalf</b> 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.</p> <p>I understand that I may revoke this authorization at any time prior to its expiration date by notifying the Coast Guard in writing.</p> <p>Please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party Authorization information may be attached separately.</p> <p>Name of Organization or Third Party</p> <p>Organization Point of Contact (if applicable) Phone Number</p> <p>Street Address</p> <p>City State Zip Code</p>	
Signature of Applicant	Date (MM/DD/YYYY)

## National Maritime Center

Serving Our Nation's Mariners



### Frequently Asked Questions: Drug Testing

#### 1. What are dangerous drugs?

According to the Department of Transportation (DOT), dangerous drugs are:

1. Marijuana
2. Cocaine
3. Opiates
  - a. Codeine
  - b. Morphine
  - c. 6-AM (heroin)
4. Phencyclidine (PCP)
5. Amphetamines
  - a. Amphetamine
  - b. Methamphetamine
  - c. MDMA (3,4-methylenedioxy-N-methylamphetamine) (ecstasy)
  - d. MDA (3,4-methylenedioxyamphetamine)
  - e. MDEA (3,4-methylenedioxy-N-ethylamphetamine).

#### 2. When am I required to submit proof that I am free of dangerous drugs?

Proof that you are free of dangerous drugs is required for all transactions EXCEPT increases of scope, duplicates, and international endorsements (Standards of Training, Certification and Watchkeeping [STCW]), and Medical Certificates.

## National Maritime Center

Serving Our Nation's Mariners



### 3. How do I prove that I am free of dangerous drugs?

The proof can be submitted by using any of the following options:

1. Provide the results of a test that is a DOT 5-Panel and ONLY tests for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines. The test MUST have been conducted within the past 185 days (from the date of the application), sent to a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), and must be signed by a certified Medical Review Officer.
  - a. You can use [CG-719P](#) to achieve this. If you do not wish to use this form, the National Maritime Center (NMC) will also accept letters or a completed Federal Chain of Custody form. When using either of these two options you must ensure that all required information is included.
2. Provide a letter attesting to participation in a random drug testing program. The letter MUST be on marine employer, command, or consortium stationary; the letter must be signed by an authorized official and must be dated. Drug tests that have not been conducted IAW 46 & 49 CFR will not be accepted, this could include drug tests administered as conditions of employment.
  - a. Verbiage for Marine Employers: "(APPLICANT'S NAME/SSN) has been subject to a random testing program meeting the criteria of [Title 46 Code of Federal Regulations \(CFR\) 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."
  - b. Verbiage for Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers: "(APPLICANT'S NAME/SSN) has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs."

### 4. How do I locate an approved drug testing facility?

Use the [Drug Testing Directory Users Guide](#) to assist you in locating an approved drug testing facility.

## National Maritime Center

Serving Our Nation's Mariners



### **5. Where can I get the Chain of Custody form?**

The Chain of Custody form can be obtained by your marine employer or the facility approved to perform a 5 panel DOT.

### **6. Am I able to go to the Regional Exam Center (REC) to have the drug testing completed?**

No. RECs are not approved drug testing facilities. Use the [Drug Testing Directory Users Guide](#) to assist you in locating an approved drug testing facility.

### **7. What do I need to do if my test results show Negative Dilute?**

The NMC does not accept Negative Dilute results.

### **8. I am a current mariner and I tested positive on my recent drug test. Can I still renew my credential or will I be required to surrender it?**

Per [46 CFR 16.201\(c\)](#), positive drug test results MUST be reported to your local [Coast Guard Sector](#). The local sector will determine what actions need to be taken. A positive drug test can result in an assessment period that may result in the Coast Guard not issuing your renewal.

### **9. Why does it have to be a 5-panel drug test? Why can't I submit a 7- or 10-panel drug test?**

The DOT is required by the [Omnibus Transportation Employees Testing Act](#) to follow the Health and Human Services (HHS) requirements. As of October 1, 2010, HHS will only allow 5-panel drug tests.

### **10. Does the drug testing facility have to submit the results or can I?**

The NMC will accept test results from the mariner or the facility where the testing took place, but the mariner is ultimately responsible for ensuring that drug testing results are received by the REC. If the results are being submitted as part of an application, the results should be sent to one of the 17 [RECs](#) with all other forms. If the results are being submitted after receiving an awaiting information letter from an REC, the results should be submitted to the requesting REC where the application packet was processed.

## National Maritime Center

Serving Our Nation's Mariners



**11. I tested positive for marijuana, but I am in a state where the use of marijuana for "recreational" purpose is permitted. Will I still be able to obtain a credential?**

Consult [46 CFR 10.211\(f\)\(1-5\)](#) for evidence of suitability to hold an MMC.



<b>DEPARTMENT OF HOMELAND SECURITY</b> <b>U.S. Coast Guard</b> <b>DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)</b>				OMB No. 1625-0040 Exp. Date: 03/31/2021	
<b>Who must submit this form?</b>					
<b>INSTRUCTIONS:</b> 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.) <b>NOTE:</b> The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.					
<b>Section I: Applicant Consent</b>					
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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature of Applicant (Required)			Date (MM/DD/YYYY)		
<b>X</b> <input type="text"/>			<input type="text"/>		
<b>Section II: Name of SAMHSA Accredited Laboratory</b>					
Name	Street Address		City	State	Zip Code
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>SECTION III: Medical Review Officer</b>					
Date Specimen Collected (MM/DD/YYYY) <input type="text"/>			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)		
Specimen Analyzed For (Drugs identified by 49 CFR 40.85), including: <ul style="list-style-type: none"> <li>• Marijuana metabolite</li> <li>• Cocaine metabolites</li> <li>• Amphetamines</li> <li>• Opiate metabolites</li> <li>• Phencyclidine (PCP)</li> </ul>			<input type="checkbox"/> <b>NEGATIVE</b> <input type="checkbox"/> <b>CANCELLED or</b> <input type="checkbox"/> <b>Positive, and/or refusal to test because of adulteration or substitution.</b> <i>(Please complete the next block for all non-negative results)</i>		
<b>FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Sector or Unit). (Please print)</b>					
This specimen is verified POSITIVE for <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
This specimen was identified as being SUBSTITUTED or containing an ADULTERANT <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
The test was CANCELLED because (insert reason) <div style="border: 1px solid black; height: 30px; margin-top: 5px;"></div>					
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.					
<b>MEDICAL REVIEW OFFICER CONTACT INFORMATION</b>			<b>MEDICAL REVIEW OFFICER AUTHORITY</b>		
Name Last	First	Middle	Name Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address			Signature (MRO signature stamp is authorized for negative results only)		
<input type="text"/>			<input type="text"/>		
City	State	Zip Code	Name of MRO Qualifying Organization		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Phone: <input type="text"/>			Registration Number Issued by Qualifying Organization: <input type="text"/>		



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 CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid.</li> <li>The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.</li> </ul>
<b>OPTION II RANDOM TESTING</b>	<p><b>EXAMPLE (From Mariner Employers):</b> APPLICANT'S NAME/SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.</p> <p><b>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):</b> APPLICANT'S NAME/SSN has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.</p>
<b>OPTION III PRE-EMPLOYMENT TESTING</b>	<ul style="list-style-type: none"> <li>An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program.</li> </ul> <p><b>EXAMPLE:</b> APPLICANT'S NAME/SSN passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</p>
<b>PRIVACY NOTICE</b>	
<p><b>Authority:</b> 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301</p> <p><b>Purpose:</b> 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.</p> <p><b>Routine Uses:</b> 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).</p> <p><b>Disclosure:</b> 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.</p>	
<p>An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for 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.</p>	

## National Maritime Center

Serving Our Nation's Mariners



### Frequently Asked Questions: Transportation Worker Identification Credential

**1. Am I required to obtain a Transportation Worker Identification Credential (TWIC) card?**

You are required to apply for a TWIC at least one time. You cannot acquire a Merchant Mariner Credential (MMC) without applying for a TWIC. However, the Coast Guard allows mariners without a valid TWIC to renew a MMC if: the mariner is inactive; not operating under the authority of their credential; or sailing in a vessel that is not required to have a vessel security plan (VSP) as defined in [Coast Guard Policy Letter 11-15](#).

**2. What should I do if I am not required to obtain a TWIC card?**

Check the appropriate exemption box on the CG-719B application form or submit a merchant mariner application with a statement that you do not require a TWIC. A sample statement may be found [here](#).

**3. What should I do if I am new and getting my initial MMC?**

Apply for a TWIC and ensure that you list your occupation as "Merchant Mariner". Even if you are not required to hold a TWIC, you will need to enroll at a TWIC enrollment center and pay all applicable fees associated with getting a TWIC. However, you will not be required to pick up your TWIC as a precondition for receiving your MMC. Reference [Coast Guard Policy Letter 11-15 \(5\) \(a\) paragraph 3](#).

**4. If I do not need a TWIC card, can I get a refund of paid fees associated with obtaining the TWIC?**

No. All applicable fees associated with getting a TWIC must be paid by the mariner to the Transportation Security Administration (TSA) to capture the required biometric and biographic information needed for the Coast Guard's safety and suitability background check. TSA will continue to conduct all security screenings associated with obtaining a TWIC.

**5. What is a name-based safety and suitability check?**

If your safety and suitability record with the National Maritime Center (NMC) is not current and no new information is provided by the TSA, the NMC will search available criminal record data using any information that you have provided with current and/or previous applications.

## National Maritime Center

Serving Our Nation's Mariners



### 6. Where is the announcement of the Coast Guard Policy Letter 11-15 posted?

The announcement can be found [here](#).

### 7. If a mariner does not want to spend \$132.50 for a TWIC renewal from TSA, you state that the mariner can have a "name-based" background check performed that "could significantly delay the processing of my MMC application." Since the mariners have provided their fingerprints for the first TWIC on file and they provided their full name, date of birth, and social security number on the application, can't we do a better search than just "name-based"?

"Significant" delays associated with the background check process are not expected. However, it is anticipated that there may be some delays experienced on a case-by-case basis.

Yes, we would conduct a more thorough search. Although [Coast Guard Policy Letter 11-15](#) makes reference to a "name-based" background check, this does not exclude the employment of additional information. As part of this process, the Coast Guard will make use of additional information (e.g., date of birth and social security number) submitted as part of the application in order to facilitate the background checks in a comprehensive manner.

### 8. When a mariner sends in their application, will the whole package be reviewed (service time and medical), or will the "name-based" search need to be completed before the rest of the application is processed? If this is the case, should people renew 9 months early and ask for a delayed issuance MMC to avoid license creep?

A complete evaluation, inclusive of professional and medical, will not be conducted. Please note that per §614 of the Coast Guard Authorization Act of 2010, advanced renewals to avoid "license creep" are not permitted at a 9-month interval. Therefore it is not advisable, as the NMC will post-date only up to 8 months.

### 9. If a mariner holds any of the MMC types but also holds old Merchant Mariner Document (MMD) ratings such as Able-Bodied Seaman (AB), Ordinary Seaman (OS), etc., would they still need a TWIC card to renew that credential because of the unlicensed ratings?

The requirement to hold a TWIC for renewal is largely driven by the specific type of vessel on which the mariner is employed. Regardless of the type of endorsement held (officer or unlicensed), if the specific vessel is required by regulation to have a security plan, then the mariners employed on board are required to hold a valid TWIC. Mariners employed on vessels (as listed in [Coast Guard Policy Letter 11-15](#)) not required to hold a security plan are not required to hold a valid TWIC (but may choose to do so) in order to renew their MMC.

11/29/2018

Page | 2



## National Maritime Center

Serving Our Nation's Mariners



**10. We have three uninspected passenger vessels (UPVs) greater than 100 GRT. These vessels do not require a "Vessel Security Plan" ([33 Code of Federal Regulations \(CFR\) 101 and 104](#)). Within the context of [Coast Guard Policy Letter 11-15](#), are mariners who serve solely on these 100 GRT and larger vessels, or solely on these 100 GRT and larger vessels and any of the other listed vessels on the adjusted and credentialing policy list, required to have TWICs?**

[Title 46 CFR section 24.10-1](#) provides two categories in the definition of UPV. Although not specifically mentioned in [Coast Guard Policy Letter 11-15](#), as long as the subject vessels are not otherwise required to carry an approved VSP (as may be otherwise required by statute or regulation), they would fall into a similar classification status and would otherwise be exempted under this policy.

**11. How does Policy Letter 11-15 apply to law enforcement officers required to be credentialed (USCG MMC) as a condition of employment?**

Per [33 CFR 101.514\(c\)](#), law enforcement officials at the state or local level are not required to obtain or possess TWICs to gain unescorted access to secure areas. Therefore, service under the authority of an MMC (although not required by applicable federal regulation or statute) on a law enforcement (public) vessel would fall under the provisions of the subject policy letter ([11-15](#)) and a TWIC would not be required for renewal. However, should they opt to renew without a TWIC, they would be subject to a name-based background check.

The above, notwithstanding service under the authority of an MMC outside of the scope of their official duties (e.g., moonlighting as a vessel operator) for commercial purposes on a vessel with a security plan (per [33 CFR 104](#)) would require a TWIC.

**12. For those individuals who decide to renew their MMC now and in the future without presenting a TWIC card, will they have to present an updated photograph or will the existing photograph in the TWIC system continue to be utilized?**

The intention of the policy is to utilize the existing photograph from the TWIC system.

## Small Vessel Sea Service Form CG-719S

When documenting your sea time, it is important to note that this form, CG-719S is used only for vessels under 200 GRT. Please note that one form should be completed for each vessel.

- Section 1: Outlines all the information about the vessel; all indicated boxes should be completed to ensure that your sea time is correctly accounted for.
- Section II: Each candidate should write in the days per month for each year served on the specified vessel. It is important to be truthful with your sea time.
- Section III: Must be signed by an owner, operator, or master of the vessel. Please note that if the candidate is the owner of the vessel, he or she may sign off on his or her own sea time.

For help determining sea time, please see the documents on the next few pages that deal how “days” are calculated, as well as tonnage determinations.

For specific questions regarding sea time, please contact the National Maritime Center at 1-888-IASKNMC (1-888-427-5662) by email at [iasknmc@uscg.mil](mailto:iasknmc@uscg.mil)

The following link from the NMC website provides instructions for filling out sea service:

[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/professional\\_qualifications/crediting\\_sea\\_service.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/professional_qualifications/crediting_sea_service.pdf)

A screenshot of relevant sections follows below (hyperlinks not active).

## National Maritime Center

Serving Our Nation's Mariners



**DISCLAIMER:** *This tool is not a formal evaluation or a guarantee of how sea service will be ultimately credited after a Coast Guard evaluation. This information is meant as an aid in preparing a mariner credential application.*

### What counts as sea service?

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

### What counts as a "day"?

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



## National Maritime Center

Serving Our Nation's Mariners



### When can I claim time-and-a-half credit?

- For most vessels, no additional credit may be received for periods served over 8 hours. However, on vessels authorized by [46 U.S.C. 8104](#), [46 CFR 15.705](#), and the vessel's manning requirements to operate a two-watch system, a 12-hour working day **may in some cases** be creditable as 1 1/2 days of service.
- If you work on a vessel operating with a Coast Guard authorized six-on-six-off watch system with only two watch standing officers (i.e., certain crew boats, supply boats, towboats and some commercial fishing boats), you may claim 1 1/2 days for each 12-hour day worked.
- For more information on this topic, please see [12 Hour Day / Time-and-a-Half Credit](#).

### How do I document sea service?

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

## National Maritime Center

Serving Our Nation's Mariners



- ***To document service on any vessel of over 200 GRT:*** Applicants may submit any of the following documents **signed** by an appropriate official, an individual holding an officer endorsement, an owner or an employer **who is not the applicant seeking the credit** (see [46 CFR 10.232](#)):
  1. Certificates of discharge
  2. Letters on official letterhead indicating the vessel details, dates of service, waters of service, and position(s) served in
  3. Other official documents such as service logs or discharge books from marine companies.

# USCG Tonnage Calculations

## Important Note:

The guidelines outlined here are based upon the regulations set forth by the United States Coast Guard and are intended as a guide for students embarking upon the USCG licensing process. These guidelines are subject to interpretation and are not meant as a substitute for careful review of the USCG requirements. Any questions regarding the USCG regulations may be directed to the United States Coast Guard Regional Exam Center/Boston, (617)223-3040.

## USCG Tonnage Determinations:

### Master 100GRT, Near Coastal:

- **720 days** of service in the deck department on Ocean, Near Coastal or Great Lakes waters, OF WHICH, service on inland waters may substitute for up to **360 days** of the total required service.
- **Recency: 90 days** in the past 3 years on vessels. Experience gained in the engine department of vessels of appropriate tonnage may be creditable up to **90 days** of the service requirements.
- **Tonnage Calculations:**
  - **100 GRT: 180 days** (25%) of service on vessels of 51 GRT or above, **OR, 360 days** (50%) of service on vessels of 34 GRT or above.
  - **50 GRT: 180 days** (25%) of service on vessels of 26 GRT or above, **OR, 360 days** (50%) of service on vessels of 17 GRT or above.
  - **25 GRT: 541 days** (75%) or more for endorsement on vessels 5 GRT or less, **OR, 180 days** (25%) or more on vessels 6 - 25 GRT, **OR, 360 days** (50%) or more on vessels 1 – 16 GRT.
  - **(If mariner does not meet the tonnage calculation for 50 GRT or more he or she is eligible for 25 GRT)**

### Master 100 GRT, Great Lakes and Inland:

- **Great Lakes: 360 days** of service in the deck department, OF WHICH, 90 days of service on Great Lakes.
- **Inland: 360 days** of service on any waters.
- **Recency: 90 days** in the past 3 years on vessels of any tonnage. Experience gained in the engine department may be creditable for up to **90 days** of the service requirements.
- **Tonnage Calculations:**

- **100 GRT: 90 days** (25%) 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** (25%) of service on vessels of 26 GRT or above, **OR**, **180 days** (50%) of service on vessels of 17 GRT or above.
- **25 GRT: 271 days** (75%) or more for endorsement on vessels 5 GRT or less, **OR**, **90 days** (25%) or more on vessels 1 - 25 GRT, **OR**, **180 days** (50%) or more on vessels 1 – 16 GRT.
- **(If mariner does not meet the tonnage calculation for 50 GRT or more he or she is eligible for 25 GRT)**
- **Tonnage Increases:**
  - If holding Master 25 GRT (service on deck, any position):
    - **90 days** additional service on vessels of 0-25 GRT to increase to 50 GRT
  - If holding Master 50 GRT (service on deck, any position):
    - 90 days additional service on vessels of 0 – 50 GRT to increase to 100 GRT
  - If holding Mate 25 GRT (service on deck, any position):
    - **45 days** additional service on vessels of 0-25 GRT to increase to 50 GRT
  - If holding Mate 50 GRT (service on deck, any position):
    - **45 days** additional service on vessels of 0 – 50 GRT to increase to 100 GRT
  - If holding Mate 100 GRT (service on deck, any position):
    - **45 days** additional service on vessels of 0 – 100 GRT to increase to 200 GRT

The following pages are screenshots of the CG-719S Small Vessel Sea Service Form.

DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S) For Service on Vessels of Less Than 200 Gross Register Tons Only						OMB No. 1625-0040 Exp. Date: 03/31/2021	
<b>Section I: Applicant Information</b> <i>(Note: Complete One Form Per Vessel)</i>							
Name Last		First	Middle	Reference Number <i>(if applicable)</i>		Social Security Number	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Vessel Name				Official number(s) listed on the registration, certificate, or document			
<input type="text"/>				<input type="text"/>			
Vessel Gross Tons	Length Feet	Inches	Width <i>(if known)</i> Feet	Inches	Depth <i>(if known)</i> Feet	Inches	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Propulsion <i>(Motor/Steam/Gas Turbine/Sail/Aux Sail)</i>				Served As <i>(Master/Mate/Operator/Deckhand/Engine etc.)</i>			
<input type="text"/>				<input type="text"/>			
Name of Body or Bodies of Water Upon Which Vessel was Underway <i>(Geographic Locations)</i>							
<input type="text"/>							
<b>Section II: Record of Underway Service</b>							
In the block under the appropriate month, write in the number of days you served for that year <i>(you can show more than one year)</i>							
<b>January</b>		<b>February</b>		<b>March</b>		<b>April</b>	
Year	Days	Year	Days	Year	Days	Year	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>May</b>		<b>June</b>		<b>July</b>		<b>August</b>	
Year	Days	Year	Days	Year	Days	Year	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>September</b>		<b>October</b>		<b>November</b>		<b>December</b>	
Year	Days	Year	Days	Year	Days	Year	Days
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total number of days served on this vessel:		<input type="text"/>		Number of days served on Great Lakes:		<input type="text"/>	
Average hours underway (per day)?		<input type="text"/>		Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:		<input type="text"/>	
Average distance offshore:		<input type="text"/>		Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:		<input type="text"/>	



<b>SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)</b>					
<b>Section III: Signature and Verification - Applicant Read Before Signing!</b>					
<ul style="list-style-type: none"> <li>Owners of vessels may attest to their own experience and provide proof of ownership per 46 CFR 10.232.</li> <li>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.</li> </ul>					
<p>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).</p>					
Signature of Applicant			Date (MM/DD/YYYY)		
<b>X</b> _____			<input style="width: 100%;" type="text"/>		
<p><b>Owner, Operator or Master Read Before Signing!</b> 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).</p>					
Signature and Title of Person Attesting to Experience			Date (MM/DD/YYYY)		
<b>X</b> _____			<input style="width: 100%;" type="text"/>		
Owner's, Operator's, or Master's Name			Owner's, Operator's, or Master's address and phone number		
Last	First	Middle	Street Address		
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Email Address (Optional)			City	State	Zip Code
<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; margin: 10px 0;"><b>PRIVACY NOTICE</b></div> <p><b>Authority:</b> 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301</p> <p><b>Purpose:</b> 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.</p> <p><b>Routine Uses:</b> 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).</p> <p><b>Disclosure:</b> 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.</p> <p style="font-size: small; margin-top: 20px;">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.</p>					

## Application Fees and Pay.Gov Instructions

Please use the instructions below to easily pay the fees online.

1. Navigate to <https://www.pay.gov/public/home>
2. Click on the “Pay it right here” link in the United States Coast Guard “Pay a Merchant Mariner User Fee” box.



3. Follow the process steps to fill out the form online.
4. The user fees will automatically be calculated depending on the type of credential you are applying for. Typically, there are three fees:
  - a. Evaluation fee
  - b. Exam fee
  - c. Issuance fee
5. Since you have already taken the examination at Confident Captain, you do not need to pay an examination fee.
6. After completing the method of payment fields, reviewing, and submitting the payment, be sure to keep a copy of the payment confirmation with tracking ID. This must be submitted with your MMC application for processing.

## When Your Application is Complete

When your application is complete and you have compiled everything that is on the checklist on page 3 of this packet, you need to submit all the forms and supporting documentation to a USCG Regional Exam Center (REC) for processing.


The preferred method is electronically, by email.

Detailed instructions for submitting applications to REC's can be found at:

[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/electronic\\_submission\\_instructions.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/electronic_submission_instructions.pdf)

A screenshot of the relevant information is provided below: (hyperlinks not active)

**National Maritime Center**  
Serving Our Nation's Mariners

**National  
Maritime  
Center**

---

- **E-mails that are larger than 35 MB or that include compressed files as attachments will not be delivered. Furthermore, neither the sender nor intended recipient will be notified of the delivery failure.**

**SUBMISSION OF MMC AND/OR MED CERT APPLICATIONS TO RECS**

Both MMC and medical certificate applications can be submitted to an REC via e-mail using the following process:

1. [Select an REC](#), and complete all necessary application forms using the Coast Guard's [Application Acceptance Checklist](#) as a guide for required documents.
2. Include a copy of your TWIC, TWIC application receipt, or TWIC exemption statement in your e-mail attachment(s).
3. The preferred method to pay user fees (if applicable) is by using [www.pay.gov](http://www.pay.gov). Include a copy of your pay.gov user fee receipt in your e-mail attachment(s).
4. Completed applications must be scanned at a resolution not exceeding 300 dpi, saved in PDF format, and cannot exceed 35 MB in size. If e-mail size (including attachments) exceeds 35 MB, send documents in multiple e-mails.
5. Visit the [REC webpage](#) and select an REC to determine that location's e-mail address.
6. The subject line of your e-mail must be: Last name, First name, Middle name, mariner reference number. For example: **Mariner, Johnny, L, 123456**.

*NOTE: New applicants will not have a reference number.*

7. Ensure all attachments are included, then send.

Please use the minimum number of e-mails to send your application and attachments.



The closest USCG REC to Confident Captain's primary classroom is the Boston Regional Exam Center.

**Boston Regional Exam Center:**

Address:

U.S. Coast Guard  
Marine Safety Office Regional Examination Center  
455 Commercial Street  
Boston MA 02109-1045

Phone:

(617) 223-3040

Hours:

Monday through Thursday 0800 – 1600  
CLOSED FRIDAYS  
Closed on all Federal holidays

**How long does it take to receive the license?**

You will not receive your license until all forms and documentation have been evaluated by the NMC, and an FBI background check has been completed. This can take anywhere from 2 – 10 weeks. Once completed the USCG will mail your credential using standard US Postal Service, which can take up to 10 days. If you desire expedited delivery, directions for this option can be found at:

[https://www.dco.uscg.mil/Portals/9/NMC/pdfs/helpful\\_links/expedited\\_mailing\\_options.pdf](https://www.dco.uscg.mil/Portals/9/NMC/pdfs/helpful_links/expedited_mailing_options.pdf)

You can check the status of your application online or by calling the REC.

To check your application status online, go to:

<https://homeport.uscg.mil/missions/merchant-mariners/merchant-mariner-application-status>