

**The CAPTAIN SCHOOL
U S COAST GUARD APPROVED**

P O Box 100429
Cape Coral, Fl. 33910
(239) 549-0271
toll-free (877) 435-3187

Requirements for TOWING/SAIL ENDORSEMENT ONLY

- _____ Check made payable to USCG for \$95
- _____ USCG Application 3-4-5
- _____ Copy of Towing/Sail Diploma from class
- _____ Copy of existing USCG license
- _____ Copy of TWIC card
- _____ For Sailing ONLY 360 days of Sea Service time on a sailboat

Mail to any REC locations, for a list go to www.uscg.mil/nmc

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

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

Section I: Applicant Information

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

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

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

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

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

Street Address 6c. Primary Phone Number

City State Zip Code 6d. E-mail Address

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

Street Address 6e. Alternate Phone Number

City State Zip Code 6f. Other

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

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

7b. Relationship (*Optional*)

Name 7c. Primary Phone Number (*Optional*)

Street Address 7d. Alternate Phone Number (*Optional*)

City State Zip Code 7e. E-mail Address (*Optional*)

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

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

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

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

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Section III: Safety and Suitability

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

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

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

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

Section IV: Mariner's Consent/Certification

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

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

2. **FOR CONTINUITY RENEWAL ONLY**

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

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

4. **Certification**

My signature below attests that:

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

5. **Applicant's Signature**

Signature of Applicant

X _____

Date (MM/DD/YYYY)

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

X _____

Date (MM/DD/YYYY)

Name of individual authorized to administer the Oath: _____

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

6. Third Party Authorization (Optional)

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

6a. Safety and Suitability

Name of Organization or Third Party

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

Organization Point of Contact (if applicable)

6c. Merchant Mariner Credential Delivery

Street Address

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

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

X _____

Date (MM/DD/YYYY)

PRIVACY NOTICE

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

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

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

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

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

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

Section I: Applicant Information (Please Print)

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

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

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

DANGEROUS DRUG USE DETAILS (if any)	5. Type of Drug	6. Month/Year of Last Use (MM/YYYY)
	<input type="text"/>	<input type="text"/>

CONVICTION DETAILS CONVICTION 1

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

CONVICTION 2

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

Section III: Acknowledgement and Certification

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

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

U.S. Coast Guard

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

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

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

Name Last	First	Middle	Reference Number (if applicable)	Social Security Number
<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 (if known) Feet	Inches	Depth (if known) Feet	Inches
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)	Served As (Master/Mate/Operator/Deckhand/Engine etc.)
<input type="text"/>	<input type="text"/>

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

Section II: Record of Underway Service

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

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

Total number of days served on this vessel:	<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"/>

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

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

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

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

Signature of Applicant

Date (MM/DD/YYYY)

X

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

Signature and Title of Person Attesting to Experience

Date (MM/DD/YYYY)

X

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

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

Last

First

Middle

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

PRIVACY NOTICE

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