

*Helping Mariners Through the Maze*



**USCG APPROVED  
COURSES & INSTRUCTORS**

[www.captainschool.com](http://www.captainschool.com)

Thank you for choosing the CAPTAIN SCHOOL and allowing us to help you through the maze of acquiring your U.S. Coast Guard Captain's License. The CAPTAIN SCHOOL is currently offering the following courses at various locations.

- **OUPV** – also referred to as the **6-Pack license**
- **SAILING AUXILIARY**
- **TOWING ADDENDUM**
- **STCW – Basic Safety Training**
- **UPGRADE TO MASTERS**
- **MASTERS**
- **FCC – Marine Radio Operator Permit**
- **CROWD CONTROL**
- **CRISIS MANAGEMENT**
- **SECURITY OFFICER**

**U.S. Coast Guard Approved Courses – We Give the Test**

## **Why Choose the CAPTAIN SCHOOL?**

### **# 1 – COST**

The Captain School's competitive pricing is generally at or below the local market price and includes extras that other schools may tack on, such as class books, charts and many other items.

Because the Captain School is a LOCAL school, there are **NO TRAVELING FEES.**

The **ONLY TEST fees** for any exam are the fees as set forth by the US Coast Guard.

### **NO BOOKS TO BUY!**

Save up to an additional \$50 on book fees because we supply the books for use during your studies and for your final exam. These books include The Light List, Coast Pilot Guide, American Practical Navigator known as the BOWDITCH and the Code of Federal Regulations.

On your OUPV- 6 pack license, there are 4 parts to the exam and **after the first subject** of Rules of the Road, it is an **OPEN REFERENCE BOOK EXAM!**

### **#2 – CLASS SIZES**

The Coast Guard regulations allow a school to put as many as 24 students in some of the approved courses, but the CAPTAIN SCHOOL puts its emphasis on learning and has **LIMITED CLASS SIZES** in the entry level courses such as the OUPV – 6 pack license.

### **#3 – BETTER THAN 97% PASSING RATE**

The smaller class sizes and open reference book policy allows more time with students and ensures a more pleasant classroom environment. These equate to a better passing rate. Ask any of our many former students whom we now proudly call **"CAPTAIN."**

**239-549-0271 • Toll Free: 877-435-3187 • [www.captainschool.com](http://www.captainschool.com)**

# ELIGIBILITY REQUIREMENTS:

The CAPTAIN SCHOOL will provide the following information package and assist you in filling it out at the beginning of the class.

## OUPV 6-PACK LICENSE

- Applicant must be at least 18 years old
- Physical / Eye exam (*recent to 12 months*)
- DOT Panel 5 drug test
- 360 days on any waters with at least 90 days in the last 3 years
- First Aid / CPR current within 1 year
- Transportation Workers Identification Credential

## LIMITS OF THE OUPV / 6-PACK LICENSE

This license allows a person to operate a vessel:

- Any length
- 100 gross tons

The holder of this license must submit proof of at least 360 days on any waters. This may be on any of the following vessels.

- Your personal vessel
- A friend's vessel
- A company vessel where you work
- A vessel you may have chartered
- Your parent's vessel

At least 90 of these days must be within the last 3 years.

## INLAND VS. NEAR COASTAL

In determining where you can use your license, a Coast Guard evaluator will determine if your time was spent on either Inland or Near Coastal waters. If less than 90 days were in International waters, then your license will be limited to inshore waters.

If 90 or more days were spent offshore in the Gulf of Mexico or ocean waters, then your license will be good for Inland AND offshore waters up to 100 miles off any coast.

## MASTER'S LICENSE

The Master's license is divided into either an INLAND or NEAR COASTAL license.

You can be issued a Master INLAND license with only 360 days on the water.

The Master NEAR COASTAL requires at least 720 days with at least 360 offshore days.

All original licenses require at least 90 days on the water within the last 3 years.

The applicant must be at least 19 years old.

## UPGRADE to MASTER'S

Any U.S. Citizen who holds an OUPV license can upgrade to a Master by completing this 24-hour upgrade class. It is good for either Inland or Near Coastal and may be taken to increase the scope of a license, i.e. going from Inland to Near Coastal waters.

## RENEWAL OF A LICENSE

**Your license must be renewed every 5 years.**

There is a 1-year grace period, but you cannot use your license during this time.

The school will provide you the paperwork for the renewal of a license — free of charge.

To renew a license, you must submit

- A renewal application
- Current Drug Screen
- Current Physical / Eye exam
- Copy both sides of current license
- Submit 360 days of time on the water in the last 5 years
- Copy of current TWIC Card or statement of exemption to renew

If an applicant does NOT have the required 360 days, then you may take a 1-day renewal class in lieu of time on the water. This is an 8-hour refresher class with a test at the end of the day.



## The Captain School/Requirement Instructions

P.O. Box 100429

Cape Coral, FL 33910

239-549-0271

[www.captainschool.com](http://www.captainschool.com)

**\*\*\*\*NO PAPERWORK HAS TO BE COMPLETE PRIOR TO STARTING COURSE\*\*\*\***

- **Oath-Must be Notarized for all Original license**  
**Florida:** Angela can notarize during paperwork review  
**All other locations:** Please visit your local notary or local bank for services
- **PHYSICALS:**  
**Cape Coral/Naples** FL Dr. David Zimmerman 239-851-9765 \$80 (he will be available while you are in classroom)  
(Doctor will be in attendance during your scheduled class-no appointment is needed)  
**Orange Beach AL** American Family Care 251-974-3004  
**Marrero, LA** Ochsner Urgent Care 504-309-5015  
(you can see any MD, PA, NP, DO-Physical must be on USCG 10 page physical and within 1 yr)
- **CPR/1<sup>st</sup> Aid**  
**Cape Coral/Naples** FL Sandra Kasetta 239-745-2007 (will be available on test day) or Marc Forman 239-357-7970 \$70  
**Orange Beach AL**-Instructor in Class or any USCG Approved Adult CPR/1<sup>st</sup> Aid  
**Marrero, LA**-Capt Frank Bush in class or any USCG Approved Adult CPR/1<sup>st</sup> Aid  
(Course must be USCG Approved with Course Code and within 1 yr)
- **TWIC (Transportation Workers Identification Card) \$125.25**  
You must make an appointment online at <http://tsa.gov/for-industry/twic> to enroll  
Take driver's license and passport or birth certificate, if you have had a name change take record.
- **Drug Screen:** You will need a DOT SAMSHA Approved 5-Panel within 6 months of submitting to USCG or be a part of a Drug Consortium Program and have a recent Letter of Compliance  
**Cape Coral/Naples:** Call Angela at 239-549-0271 to purchase Chain of Custody for \$68  
(results are emailed to you within 1-3 business days)  
**Orange Beach AL :** American Family Care 251-974-3004  
**Marrero, LA:** Ochsner Urgent Care 504-309-5015
- **Sea Service Time:**  
You can back log your sea time to the age of 16yrs old providing you have the owner/captain sign off on page 2 of your sea form or show proof that you owned the vessel through registration, title, insurance etc. Four plus hours is considered 1 day on the water and you must hold a position as operator, mate or deckhand. Each vessel you log time for needs to be on separate sea service form. If you have time on multiple vessels for a company your time can be placed on a company letterhead-ask for a Sample Letter
- **Ready to Send your application for USCG license?**  
Once you have all or most of your requirements met you can email, fax, drop off in Cape Coral FL office or mail your application pkg for a full review & file. Please send all items on front check off list:  
Email: [angela@captainschool.com](mailto:angela@captainschool.com)  
The Captain School  
P.O. Box 100429 Cape Coral, FL 33910  
Fax 239-214-0284  
We will call you typically within 1-2 business days and get credit card information for your USCG fee and \$75 paperwork review fee. You will be emailed if you are missing any information that is needed to complete your application. Angela will electronically file your application and you will receive emails/updates within 20 business days.



## U S COAST GUARD APPROVED COURSES

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

### Requirements for OUPV to 100 ton Masters

\_\_\_\_\_ **You** must be at least 18 years old for OUPV – You must be at least 19 years old for Masters and US Citizen.

\_\_\_\_\_ **Application** package (page 3-5) Page 4 (only sign/date at first X in front of a notary)  
This is a Mariner's Consent/Certification we can also notarize for you

\_\_\_\_\_ Signed statement of explanation for all convictions to any applicable "yes" answers on Section III of the CG 719B Page 2 of 2

\_\_\_\_\_ **Physical** and eye exam form (Must be recent to within last 12 months)  
David Zimmerman - (239) 851-9765 **\$80** he is schedule when you attend class.

\_\_\_\_\_ **Drug Screen** form **or** Letter of Compliance from consortium program  
(must be within last 6 months) **Contact our office for the Drug Testing Form (239) 549-0271 \$68**

\_\_\_\_\_ Transportation Workers Identification Credentials (TWIC Card \$125.25)  
please visit [www.tsa.gov](http://www.tsa.gov) for an appointment  
Ft. Myers office located at 4350 Fowler Street Ste. 2 Ft. Myers, FL 33901

\_\_\_\_\_ **Sea Service Forms** – 1 vessel per form – **OUPV** – Inland 360 days underway  
**OUPV** Near Coastal 360 days underway w/90 days offshore  
**MASTERS** – Inland 360 days underway  
**MASTERS** – Near Coastal 720 days underway w/360 days offshore  
(of your total amount of days at least 90 days underway in the last 3 years)

\_\_\_\_\_ **Proof of ownership** (if you are the owner of vessel) Registration, title etc.

\_\_\_\_\_ **Copy** of First Aid /CPR within 1 year – Must be USCG Approved  
We have instructor that will come to class when you attend

\_\_\_\_\_ \$145 At the time of review we will process your Credit Card through [www.pay.gov](http://www.pay.gov) and print receipt to send – We will run card when reviewing application

To have your application review and E-filed \$75: send to the above address or email to [angela@captainschool.com](mailto:angela@captainschool.com) Call office to make appointment to come in 239-549-0271. If you would like to send directly to USCG visit [www.uscg.mil/nmc](http://www.uscg.mil/nmc) for all REC locations.



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

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

**Who must submit this form?**

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

**Section I: Applicant Information**

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

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

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

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

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

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

**General Application Requirements:**

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

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

**MMC and Endorsement Application Descriptions:**

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

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



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

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

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

### Section III: Safety and Suitability

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

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

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

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

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

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

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

### Section IV: Applicant Consent and Certification

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

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      7b. Relationship (*Optional*)     

Same address as above

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)**  
**Credential or Endorsement Type(s) Requested:**

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

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

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



DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

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

Section III: Safety and Suitability

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

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

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

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

Section IV: Mariner's Consent/Certification

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

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

2. **FOR CONTINUITY RENEWAL ONLY**

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

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

4. **Certification**

My signature below attests that:

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

5. **Applicant's Signature**

Signature of Applicant

Date (MM/DD/YYYY)

X \_\_\_\_\_

\_\_\_\_\_

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

Date (MM/DD/YYYY)

X \_\_\_\_\_

\_\_\_\_\_

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



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

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

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

6. Third Party Authorization (Optional)

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

6a. Safety and Suitability

Name of Organization or Third Party

The Captain School

Organization Point of Contact (if applicable)

Angela Chancey

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

Street Address

P.O. Box 100429

6c. Merchant Mariner Credential Delivery

City

Cape Coral

State

FL

Zip Code

33910

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

Phone Number

239-549-0271

Email Address

angela@captainschool.com

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.

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

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

----- Instructions -----

Who should submit this form?

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

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

CONVICTION DEFINED (46 CFR 10.107)

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

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

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

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

Section I: Applicant Information

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

Section II: Conviction and/or Drug Use Disclosure

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

Section III: Acknowledgement and Certification

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

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 completing this form is 10 minutes. You may submit any comment concerning the accuracy of this burden estimate or any suggestions for reducing the burden to the Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509.



DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

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"/>

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

----- Instructions -----

Who must submit this form?

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

Who may conduct this exam?

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

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

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

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

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

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

- III(a) Applicants must report their relevant medical conditions to the best of their knowledge. Applicants should check YES if: 1) they have had a previous diagnosis, or treatment for the condition by a health care provider; 2) they are currently under treatment or observation for the condition; or 3) the condition is present, regardless of treatment status.
- III(b) The Medical Practitioner must review and discuss all conditions reported by the applicant in Section III(a). The Medical Practitioner's discussion should include, at a minimum, the name of the condition, approximate date of diagnosis, treatment, current status of the condition, limitations of the condition, and any additional information as appropriate. Recommended supporting documentation and testing for conditions that are subject to further review are contained in the Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials which can be found at [https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC\\_04-08.pdf](https://www.uscg.mil/hq/cg5/nvic/pdf/2008/NVIC_04-08.pdf). Medical practitioners should be familiar with the guidelines contained within this document. If the Medical Practitioner discovers a condition not reported by the applicant, they must check YES in the appropriate block in III(a) and provide information on the condition, as requested, in Section III(b). For conditions that were Previously Reported, the Medical Practitioner need only discuss the interval history and current status of the condition. Additional sheets may be added by the applicant and/or the medical practitioner if needed to complete this section of the form. Include applicant's name and DOB on each additional sheet. The Medical Practitioner should initial and date at the bottom of each page of the application, where indicated.

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

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

Date of Birth: (MM/DD/YYYY)



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

Applicants - Refer to instructions provided in this section.

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

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

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

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

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

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

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

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

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

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

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

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

Applicant certifies that the information provided is true and correct.

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

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

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

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

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

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard

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

APPLICATION FOR MEDICAL CERTIFICATE (FORM CG-719K)

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

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

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

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

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

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

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

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

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

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



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

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

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

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

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

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

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

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

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

<b>Condition</b>	<b>Treatment</b>

<b>Status</b>	<b>Limitations</b>

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

<b>Condition</b>	<b>Treatment</b>

<b>Status</b>	<b>Limitations</b>

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

<b>Condition</b>	<b>Treatment</b>

<b>Status</b>	<b>Limitations</b>

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

<b>Condition</b>	<b>Treatment</b>

<b>Status</b>	<b>Limitations</b>

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

<b>Condition</b>	<b>Treatment</b>

<b>Status</b>	<b>Limitations</b>

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



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

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

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

- | Applicants Must Report  | Medical Practitioner  |
|---|---|
| 1. All medications (Prescription or Nonprescription), dietary supplements, and vitamins; that were filled, or refilled, and/or taken within 30 days prior to the date the applicant signs the CG-719K; and<br>2. All medications (Prescription or Nonprescription), dietary supplements, and vitamins that were used for a period of 30 or more days within the last 90 days prior to the date the applicant signs the CG-719K. | 1. Medical Practitioner must verify applicants medications and information listed in the table below.<br>2. Medical Practitioner comments should include the approximate length of time the applicant has taken the medication and address the presence or absence of any side effects. |

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

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

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

**REPORT OF MEDICAL EXAMINATION**

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

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

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

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

Additional Medical Comments (Please Print)

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

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

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

**a. Visual Acuity**

Distance Vision, Uncorrected: If correction required, Distance Vision Correctable To:		Field of Vision
Right: 20/ <input type="text"/>	Right: 20/ <input 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 type="text"/>	Left: 20/ <input type="text"/>	

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

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

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

**Color Vision Testing Results:**  
 Passed  Failed      Number of Errors:

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

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

Normal Hearing       Abnormal Hearing       Hearing Aid Required

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

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

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

Right Ear (Unaided):  %  
 Left Ear (Unaided):  %  
 Right Ear (Aided):  %  
 Left Ear (Aided):  %

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



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

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

COMMENTS:  
(Please Print)

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



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

Date of Birth: (MM/DD/YYYY)

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

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

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

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

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

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

Last Name	First Name	M.I.	License Number	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		Date (MM/DD/YYYY)	Phone Number	MD <input type="checkbox"/> DO <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/>
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Office Street Address			<i>(Place office address stamp here)</i>	
<input type="text"/>				
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

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

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

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

**PRIVACY NOTICE**

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

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

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

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

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



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

Date of Birth: (MM/DD/YYYY)

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

Declined

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

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

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

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

I may revoke this authorization at any time prior to its expiration date by notifying the verifying medical practitioner in writing, but the revocation will not have any effect on any actions taken before they received the notification.

Upon request, I may see or copy the information described in this release.

I am not required to sign this release to receive my medical evaluation.

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

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

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

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

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

Name of Organization or Third Party

Organization Point of Contact (if applicable)

Phone Number

Street Address

City

State

Zip Code

Signature of Applicant

Date (MM/DD/YYYY)

DEPARTMENT OF HOMELAND SECURITY

OMB No. 1625-0040

U.S. Coast Guard

Exp. Date: 03/31/2021

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

**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

**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 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.

## Proof of Ownership

For service on your own vessel, the Coast Guard requires that you provide proof of vessel ownership. They will accept:

(A) Any ONE of the following

1. Copy of current or past vessel documentation showing ownership
2. Copy of current or past state registration for the vessel
3. Copy of bill of sale showing applicant as buyer or seller of vessel
4. Copy of appropriate portions of insurance policy showing name of applicant and referring to the vessel
5. Letter from the USCG District Director of Auxiliary stating that the records of the USCG Auxiliary contain information corroborating the ownership claimed.

**-OR-**

(B) Any TWO of the following

1. Copy of Customs clearance documents from U.S. or foreign nations showing connection between vessel and applicant during relevant time period of claimed ownership
2. Copy of fuel and/or repair bill showing name of applicant and name and/or number of vessel for which ownership is claimed
3. Copy of berthing and/or mooring rental/lease agreements showing name of applicant and name and/or number of vessel for which ownership is claimed.
4. An original, notarized letter from a holder of current USCG license certifying that to the author's personal knowledge the applicant owned or fully controlled and operated the vessel in question.
5. An original, notarized letter from one of the following:
  - i. A dock master or harbor master
  - ii. A vessel repair facility, Boatwright, instrument installer, officer of a yacht club or similar marine related organization. The organization or business must be established and in business for at least one year.
6. An officer of the USCG Auxiliary (Division Commander or higher), or a Command or operations officer of the U.S. Power Squadron.

**-OR-**

(C) Any THREE of the following:

1. A notarized statement attesting and sworn to before and appropriate civil or Military authority in which the applicant asserts the truth or his or her ownership claim subject to the penalties of perjury.
2. A bill for fuel, supplies or services charged to a national credit card issued to the applicant, showing the number of that credit card, and bearing a date relevant to the period of ownership claimed by the applicant. Also evidence acceptable to the OCMI or his/her representative at the applicant's REC that the credit card shown on the above bill was one which was issued to the applicant.



# THE CAPTAIN SCHOOL...

*Helping Mariners Through the Maze*

## **TOWING LICENSE (4 hour class)**

**No testing fees / No traveling fees**

In order for a person to engage in Commercial assistance towing, you must first obtain the Towing addendum to a license. Any license holder from OUPV through Master's can take this 4-hour class. This may be submitted with your original license or added to an existing license.

## **STCW - BASIC SAFETY TRAINING**

**(U.S. Virgin Island Location ONLY)**

Masters and mates engaged in International Voyages are required to have a Basic Safety Training Course regardless of the size of their vessel.

When on a passenger vessel which holds more than 12 passengers, the Captain and Crew must also hold certificates for Crowd Control and Crisis Management.

The STCW Basic Safety Training is a 3-day course and is valid on American flagged vessels of less than 199 Gross Tons.

## **FCC - (MROP)**

### **MARINE RADIO OPERATORS PERMIT**

The Captain School is approved to give FCC testing for persons on Inspected Vessels. This license is referred to as a MROP

## **SAILING AUXILIARY (4 hour class)**

**No testing fee / No traveling fee**

The OUPV license is good for either a sail vessel or a power driven vessel. However, if you are going to be on an INSPECTED sailing vessel, the operator must hold both the Master's License and the 4-hour sailing auxiliary class.

Requires 360 days on a sailboat and may be submitted with original license or added to an existing license.

## **LICENSE / PAPERWORK REVIEW**

Before submitting your application package to the Coast Guard, the Captain School will review your paperwork to ensure you are receiving the highest rating of license that can be issued to you.

There is a nominal fee associated with this service to students who have attended our course.

## **FULL SERVICE SCHOOL**

The Captain School is a Full Service School — meaning we don't stop helping you once the class is over. For example, the Coast Guard requirements for an original or renewal of a license include a physical/eye exam, drug screen and class in First Aid/CPR.

Some students may not have their own personal physician. The school will often provide the services of a licensed physician to perform this requirement at a minimal cost—usually around \$60-\$75 for the physical, eye exam and color vision.

The DOT Panel 5 drug test, which meets the USCG requirement, is available in most classrooms for the price of \$68.

Another requirement for **original licenses only** is a First Aid / CPR course to have been completed within the last 12 months.

First Aid/CPR is also available in most classrooms if you have not been certified within the last year for around \$60.

## **THE OATH**

New applicants are required to be issued an Oath that must be notarized by a Notary Public. This involves showing a valid driver's license and reading of the oath.



## The Captain School

PO Box 100429  
Cape Coral, FL 33910

Toll Free: 877-435-3187

[www.CaptainSchool.com](http://www.CaptainSchool.com)

## TOP 10 REASONS THE CAPTAIN SCHOOL IS FOR YOU!

**#1 - Smaller Class Sizes = More Individualized Attention**

**#2 - We Give the Test**

**#3 - Better Passing Rate**

**#4 - Classes Every Month**

**#5 - Convenient Locations**

**#6 - No testing fees after OUPV original License**

**#7 - No Traveling Fees; #8 - No Books to Buy; #9 - Save Money; #10 - Save Time**

### Deposits:

Classes are limited in size and a deposit is required to guarantee you a seat. Deposits are refundable up to 24 hours before a class. Call now to reserve your spot.

### School Locations:

The Captain School operates several full-time locations, some company owned and others independently owned and operated, as well as a number of satellite sites throughout the U.S and the Caribbean. Call us today if you are interested in organizing a satellite location near you!

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