ABLE SEAMAN (AB) EVALUATION GUIDELINES

1. Applicant must be 18 years of age

2. Provide a completed application (Form 719B)

3. Oath

4. Pass a routine physical and drug screen

5. Submit letters, discharges, Military transcripts, etc., showing:
   - 180 days on vessels on ocean, Great Lakes or Navigable waters, for AB Special - OSV (Offshore Supply Vessels)
   - 360 days on vessels on ocean, Great Lakes or Navigable waters, for AB Special
   - 540 days on vessels over 100 gross tons for AB Limited (waters not confined to small lakes and rivers)
   - 1080 days on vessels on ocean or Great Lakes waters, for AB Unlimited

   Note: Each day verified as 12 hours on certain vessels (towing and oil field vessels) counts as a day and a half.

6. To serve on vessels which require compliance with STCW 95, the mariner will also need to provide evidence of having qualification as “Rating Forming Part of a Navigational Watch” (RFPNW) or RFPNW(OSV) for Offshore Supply Vessels.

7. Submit application to USCG with a diploma from an approved school, PSC (Lifeboat certification) if required, and appropriate fees ($140) (List of USCG offices on reverse).

8. Enclose a copy of your TWIC card or evidence of having applied for it.
The Coast Guard has requested that all phone calls to the RECs be made through the National Maritime Center at (888) 427-5562.
Merchant Mariner Oath
46 USC

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

Name (Printed) ____________________ Signature _________________ Date _______________

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

Subscribed and affirmed before me in the county of ________________________.
State of _____________________, this _________ day of _______________, ______.  

______________________________  
(Notary’s official signature)  

______________________________  
(Commission expiration date)
ABLE SEAMAN QUALIFICATION REQUIREMENTS

U.S. Coast Guard requirements for an Able Seaman "qualified rating" endorsed on the Merchant Mariner's Document (MMD), the candidate must:
- Be at least 18 years of age.
- Pass a routine physical examination and drug screen.
- Submit 2 passport photos.
- Possess a Social Security Card (the real thing).
- Submit proof of Citizenship (U.S. or other).
- Provide a completed Coast Guard Application.
- Submit letters of sea service, discharges, military sea service transcripts, etc., showing at least one of the following:

<table>
<thead>
<tr>
<th>Able Seaman Ratings</th>
<th>Deck Service on vessels of:</th>
<th>Req. Sea Service “8 hour days”</th>
<th>**Req. Sea Service “12 hour days”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able Seaman Special – OSV (Offshore Supply Vessel)</td>
<td>Over 15 Gross Tons.</td>
<td>180</td>
<td>120</td>
</tr>
<tr>
<td>Able Seaman Special</td>
<td>Over 65 Feet in Length.*</td>
<td>360</td>
<td>240</td>
</tr>
<tr>
<td>Able Seaman Limited</td>
<td>Over 100 Gross Tons.</td>
<td>540</td>
<td>360</td>
</tr>
<tr>
<td>Able Seaman Unlimited</td>
<td>Over 100 Gross Tons.</td>
<td>1080</td>
<td>720</td>
</tr>
</tbody>
</table>

To serve on vessels, which require compliance with STCW-95, the AB candidate also needs to provide evidence of the following qualifications or certifications:

✓ If not already completed, 5-day Basic Safety Training Courses (Basic Fire Fighting, Personal Survival, Personal Safety, and Elementary First Aid).
✓ Completion of an STCW - Rating Forming Part of a Navigational Watch (RFPNW) Program.
✓ For AB Special, Limited, and Unlimited, complete STCW -Proficiency in Survival Craft (PSC), with lifeboats.

Next:
☐ Pass the applicable AB Rating examinations at the Coast Guard, or complete Sea School’s USCG approved 5-day Able Seaman Course. Also, for STCW-95, complete Sea School’s RFPNW program and our PSC/lifeboats course. Then submit our AB certificate of completion to the Coast Guard in lieu of taking the Coast Guard AB exams, along with other STCW certificates.

Then:
☐ Submit to U.S. Coast Guard the completed application, all documents and certificates, along with the $140.00 user fee ($95 Evaluation fee + $45.00 Issuance Fee).

Notes:
* May vary somewhat from one Coast Guard Regional Examination Center to the next.
** Each verified day as 12 hours on certain vessels (towing and oil field) counts as a day and one-half.

Sea School - St. Petersburg, FL, call 1-800-237-8663
Sea School - Mobile (Bayou La Batre), call 1-800-247-3080
Sea School's STCW & USCG License Career Path to MATE 500/1600 GT Near Coastal (Unrestricted Trade).

The career path starts at entry-level with Basic Safety Training, and then obtaining a Merchant Mariner's Document (MMD). Next comes the approved training and sea service path leading to a USCG License for Mate 500GRT or 1600GRT on Near Coastal Waters, with an STCW-95 Certificate.

Required Training Courses/Programs:
- Terrestrial Navigation
- Coastal Navigation
- Electronic Navigation
- Steering Control Systems
- Meteorology
- Watchkeeping (Including BRM)
- Radar Observer (Unlimited)
- ARPA
- Compasses Magnetic and Gyro
- Search and Rescue
- Emergency Procedures
- Ship Handling
- Cargo Handling
- Ship Stability
- Ship Construction
- Advanced FF
- Pollution Prevention
- Medical Care Provider
- GMDSS

Complete Sea School’s 5-day Approved AB Course

Begin Approved Sea Service
Enter into Approved Education & Training Program(s)

Accumulate Total Sea Service "8 hour days":
- Mate, NC 1600GRT 720 days >100GT
- AB Limited 540 days >100 GT
- AB Unlimited 1080 days >100 GT

Complete all Practical Demonstrations and Assessments “Navigation at the Operational Level”

Pass USCG Officer of the Navigational Watch, Modified Third Mate/Second Mate Written Exam

USCG License
- Mate NC, 500GRT, or
- Mate NC, 1800GRT/3,000GT (ITC)

STCW-Officer In Charge of Navigational Watch
On Vessels over 500GT (ITC) "Navigation at the Operational Level"
Section I - Personal Data

Name (Last, First, Middle) (Maiden Name if applicable) Social Security Number

Date of Birth (Month, Day, Year) Place of Birth (City, State, Country) Country of Citizenship

Color of Eyes Color of Hair Height Weight

Phone Number Fax Number

Mailing Address, City, State, Zip Code (PO Boxes are acceptable) E-mail Address

Next of Kin's Name and Mailing Address, City, State, Zip Code Relationship

Next of Kin's Phone Number Next of Kin's E-mail Address

Parental or Guardian's Consent

I am under 18 years old and a notarized statement of parental/guardian consent is attached.

Section II - Type of Transaction

<table>
<thead>
<tr>
<th>Transaction</th>
<th>Original</th>
<th>Renewal</th>
<th>Raise in Grade</th>
<th>Endorsement</th>
<th>Duplicate*</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ License</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Merchant Mariner's Document (MMD)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ STCW Certificate</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Certificates of Registry</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>☐ Certificate of Discharge Sea Service</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

Applying for:

Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMEDOiler, etc.)

State Current or Previous License/Merchant Mariner's Document

Description of License/Merchant Mariner's Document Place of Issue Date of Issue
Section III - Narcotics, DWI/DUI, and Conviction Record

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

Yes (X)  No (X)

Indicate your answers to the following questions; sign and date at the bottom of this section.

- Have you ever been convicted of violating a dangerous drug law of the United States, District of Columbia, or any state, or territory of the United States? (This includes marijuana.) (If yes, attach statement)

- Have you ever been a user of/or addicted to a dangerous drug, including marijuana? (If yes, attach statement)

- Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? (If yes, attach statement)

- Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? (If yes, attach statement)

- Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? (If yes, attach statement)

- Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? (If yes, attach statement)

- Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? (If yes, attach statement)

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

[Signature of Applicant] Date

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

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

Section V - Mariner's Consent

National Driver Registry (NDR) (Mandatory): I authorize the National Driver Registry to furnish the U.S. Coast Guard (USCG) information pertaining to my driving record. This consent constitutes authorization for a single access to the information contained in the NDR to verify information provided in this application. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

[Signature of Applicant] Date

Mariner's Tracking System (Optional): I consent to voluntary participation in the Mariner’s Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC -4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203 -1804

[Signature of Applicant] Date
### Section VI - Certification and Oath

**Certification (Mandatory)**

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

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

<table>
<thead>
<tr>
<th>Signature of Applicant agreeing to the above statement</th>
<th>Date</th>
</tr>
</thead>
</table>

**Oath (For originals only. Coast Guard official must witness applicant signature.)**

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

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
<th>Signature of Coast Guard Official</th>
<th>Date</th>
</tr>
</thead>
</table>

### Section VII - REC Application Approval

(Application has been approved on this date)

<table>
<thead>
<tr>
<th>Signature of Approving Official</th>
<th>REC</th>
<th>Date</th>
</tr>
</thead>
</table>

### Section VIII - REC Citizenship Verification & Credential Issuance

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

<table>
<thead>
<tr>
<th>License Endorsement(s) Issued</th>
<th>Document Rating(s) Issued</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Issue Number</th>
<th>License Serial Number</th>
<th>MMD Serial Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Expiration Date</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

☐ Check box if corresponding STCW certificate was issued.

<table>
<thead>
<tr>
<th>Signature of Issuing Official</th>
<th>REC</th>
<th>Date</th>
</tr>
</thead>
</table>

### Section IX - NMC Verification of Duplicate Transactions

Ratings/Endorsements Authorized

<table>
<thead>
<tr>
<th>Signature of Approving NMC Official:</th>
<th>Date:</th>
</tr>
</thead>
</table>
PRIVACY ACT STATEMENT

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

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

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

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

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

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number."

“The Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.”
SAMPLE LETTER OF CERTIFICATION
FOR ABLE SEAMAN, QMED OR OTHER MMD
On Company Letterhead

Officer in Charge, Marine Inspection

Date _________

Dear Sir:

This letter is intended to certify the service of
______________, SSN

During the term of employment with this company, the above named individual served aboard the following vessels, for the listed time, in the noted capacities:

Vessel Name/Official Number
Type of vessel*
Gross Tons
Vessel Length
Dates of Service, From To
Number of Days served
Hours per day**
Route (Ocean, Near Coastal, Inland)
Position and/or Duties***

Sincerely,

(signature)

(Name)
Title

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *

NOTES:

* Type of vessel: Freight, Towing, Crew, Passenger, Fishing, Recreational, etc.

** Hours per day: 8 or 12

*** Duties: Wheelhouse training or duty, Boatswain, Quartermaster, Deckhand, Oiler, etc.
PHYSICAL STANDARDS FOR U.S. COAST GUARD LICENSES
Based on the U.S. Coast Guard document entitled "NVIC 04-08"

1. Eyesight, at least 20/200 (the big E at the top of the eye chart), correctable to 20/40 or better, in each eye. Waivers are available in many cases. Uncorrected vision MUST be shown on the physical, and correctable vision must be shown if uncorrected is worse than 20/40. Monocular vision waivers are available under certain conditions.

2. Color perception - normal by any of the methods shown. Method used MUST be indicated on the form. Waivers available in many cases for color blindness.

3. Hearing - testing is ONLY required if physician believes hearing is abnormal.

4. Cardiac - any abnormal indications in the past will have to be explained. Stress tests may be required. Contact Sea School for details if unsure.

   Hypertension - Blood pressure 160/100 or lower, regardless of whether or not medications are used to accomplish the control.

5. Lung diseases - any incapacitating diseases or those requiring corticosteroid medications may be disqualifying conditions.

6. Orthopedic - amputations, deformity or arthritis resulting in impaired motion may require further evaluation and demonstration of abilities.

7. Diabetes - Insulin dependent diabetes or poorly controlled non-insulin dependent diabetes may be disqualifying. Effect on eyesight must be noted. Contact Sea School for details if unsure.

8. Neurologic - any convulsive disorder regardless of control by medication requires further evaluation.

9. Psychiatric - primary psychosis or use of psychotropic medications requires further evaluation.

10. Medications - Anticoagulants (Warfarin, Coumadin), systemic corticosteroids, psychotropic medications, medications with debilitating side effects, and addictive painkillers require further evaluation.

Further evaluation means that the file with all supporting documentation may be sent to Coast Guard headquarters for additional review and consideration.
ACTIVE CONDITIONS

The USCG is very strict when it comes to information contained on the applicant’s physical exam paperwork.

In order to shed some light on this situation, we call your attention to the Coast Guard document NVIC 04-08 which is a policy explanation of their regulations regarding physical exams required for license and document issuance.

On page 1 of enclosure (3), item 1 of the “Medical and Physical Evaluation Guidelines…” of the document says: “Active Condition. If not specified as “history of” in this table, a condition must be currently active to be subject to further review. For purposes of this enclosure, “active” means that the applicant is currently under treatment for the condition, or that the applicant is currently under observation for possible worsening or recurrence of the condition, or that the condition is currently present.”

In other words, don’t allow the physical to be an exercise in your irrelevant personal history. It is a current physical!

There are a few key words that, when used, will trigger a response from the USCG asking for more information from the applicant and his or her medical care provider. Those key words include, but are not limited to: Sleep Apnea, Anxiety, ADD/ADHD, Bipolar Disorder, Depression, COPD, and the use of addictive and/or mood altering medications.
INSTRUCTIONS FOR COMPLETION OF THE NEW CG-719K
MERCHANT MARINE CREDENTIAL MEDICAL EVALUATION REPORT

Any physical completed prior to December 31, 2009 may be documented on the old form.

The USCG will not supply any of the old forms after November 2, 2009.

Any physical completed after December 31, 2009 must be documented on the new form (copy attached).

Physicals for most purposes are valid for submission to the USCG for one year if documented on the appropriate form.

INSTRUCTIONS FOR APPLICANT

APPLICANT – Prints name and Date of Birth on the bottom of each of the 9 pages

APPLICANT – Completes pages 3, 4 & 5

INSTRUCTIONS FOR PHYSICIAN

PHYSICIAN (MD, DO, PA, NP) reviews pages 4 & 5

PHYSICIAN completes pages 6, 7 & 9*

*on page 9 the medical practitioner must add his/her full address, phone number, and state license number to the block marked “Name”.

Additional detailed information on physical conditions may be obtained by referring to the sources noted on page one of the Medical Evaluation Report.
Merchant Mariner Credential
Medical Evaluation Report

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

Who must submit this form?

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

Instructions for Applicants

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

Privacy Act Statement

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

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101[c]-[e], 7306(a)(4), 7313[c](3), 7317(a), 8703(b), 9102(a)(5).

2. Principal purposes for which information is used:
   a. To determine if an applicant is physically capable of performing their duties.
   b. To ensure that a duly licensed or certified Physician (MD or DO) / Physician Assistant / Nurse Practitioner conducts the applicant’s physical examination/certification and to verify the information as needed.

3. The routine uses which may be made of this information:
   a. This form becomes a part of the applicant’s file as documentary evidence that regulatory physical requirements have been satisfied and that the applicant is physically competent to hold a credential.
   b. The information becomes part of the total credential file and is subject to review by Federal agency casualty investigators.
   c. This information may be used by the United States Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.

4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a credential.

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

Applicant Name: ___________________________ Date of Birth: ___________________________
General Instructions for Medical Practitioner

1. The Coast Guard requires a physical examination and certification be completed to ensure that mariners:
   - Are of sound health.
   - Have no physical limitations that would hinder or prevent performance of duties (see below).
   - Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.

2. The medical practitioner must ensure a complete history and physical are conducted and make recommendations as to the fitness of the applicant. Final approval of the mariner's status rests with the U.S. Coast Guard.

3. All examinations, tests and demonstrations must be performed, witnessed or reviewed by a physician (Medical Doctor (MD) or Doctor of Osteopathy (DO)) or nurse practitioner or a certified physician assistant licensed by a State in the U.S., a U.S. possession, or a U.S. territory. The verifying medical practitioner (VMP) who performed the examination must complete sections III, IV, VII, VIII, and IX of this form.

4. Detailed guidelines on medical conditions subject to further review are contained in NVIC 4-08 encl (3). Medical practitioners should be familiar with the guidelines contained within this document. NVIC 4-08 may be obtained from http://www.uscg.mil/hq/cg5/nvic/2000s.asp#2008 or by calling the nearest USCG Regional Examination Center, or the National Maritime Center (http://homeport.uscg.mil/mmcmedical) at 1-888-IASKNMCC (1-888-427-5662).

5. Verification of medications in section III of this form includes questioning the applicant about any medications or other substances reported, reviewing relevant medical conditions to determine if the applicant has omitted any medications or other substances, and affirmatively reporting any omitted current medications or other substances where required.

6. All applicants who require a general medical examination must be physically examined by the verifying medical practitioner.

7. The verifying medical practitioner is not required to perform or witness every examination, test or demonstration. These may be referred to other qualified practitioners; however, they must be reviewed to the satisfaction of the verifying medical practitioner. The last page of this form contains a certification that the general medical examination, vision and hearing tests, as well as the physical demonstration of competence as appropriate, have been performed, witnessed or reviewed to the satisfaction of the verifying medical practitioner. Applicants who are required to complete a general medical examination are also required to complete vision tests, and they may be required to complete hearing tests and/or demonstrations of physical competence as appropriate. The verifying medical practitioner must sign and date the certification where indicated. This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

8. If the verifying medical practitioner is unable to determine the applicant's physical ability, the applicant should be referred to another healthcare provider who can properly evaluate and test physical abilities.

Instructions for Providing Proof of Identity

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

Applicant Name: ___________________________ Date of Birth: ___________________________
Section I - Applicant Information

Last Name:  |  First Name:  |  Middle Name:  |  Suffix: (Jr., Sr., III)

Age:  |  Date of Birth (MM/DD/YYYY):  |  Social Security Number:

Applicant Certification (to be signed by applicant)

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

Date:  |  Printed Name:

Signature:

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

Section II – Release

I hereby authorize the verifying medical practitioner (VMP), who has signed the certification on page 9 of this form, to release to, or discuss with authorized Coast Guard personnel, any pertinent information in his/her possession regarding any physical or medical condition that may require review by the Coast Guard prior to determining whether the Coast Guard should issue a credential(s) for maritime service.

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

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

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

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

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

Applicant:

Name (Printed):  |  Signature:  |  Date:

Applicant Name:  |  Date of Birth

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

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

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

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

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

<table>
<thead>
<tr>
<th>If none, check &quot;NONE.&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
</tr>
</tbody>
</table>

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

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

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

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

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

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

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

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

Applicant Name: ____________________________ Date of Birth: ____________________________

Previous Edition Obsolete
Section V (a) – Visual Acuity

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

<table>
<thead>
<tr>
<th>Distant Uncorrected</th>
<th>Distant Corrected To</th>
<th>Field of Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right: 20 /</td>
<td>Right: 20 /</td>
<td>☐ Normal</td>
</tr>
<tr>
<td>Left: 20 /</td>
<td>Left: 20 /</td>
<td>☐ Abnormal</td>
</tr>
</tbody>
</table>

This applicant must have a 100-degree horizontal field of vision.

Section V (b) – Color Vision

The following color sense testing methodologies are acceptable:
- ☐ AOC (1965) – (6 or fewer errors on plates 1-15)
- ☐ AOC-HRR (2nd Edition) – (No errors in test plates 7-11)
- ☐ Richmond (1983) – (6 or fewer errors)
- ☐ Ishihara pseudoisochromatic plates test. 14 plate (5 or less errors), 24 plate (6 or less errors) 38 plate (8 or less errors)
- ☐ Titmus Vision Tester / OPTEC 2000 – (No errors on six plates)
- ☐ Farnsworth Lantern (colored lights) Test per instruction booklet.
- ☐ Optec 900 (colored lights) Test per instruction booklet.
- ☐ An alternative test approved by the Coast Guard (indicate test) ________________

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

Color Vision: ☐ Normal Color Vision ☐ Abnormal Color Vision

Number of Errors ________________

Section VI – Hearing

<table>
<thead>
<tr>
<th>Normal</th>
<th>Abnormal Hearing</th>
<th>Hearing Aid Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

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

If audiometric testing is required, the audiometer test should include testing at the following thresholds, 500Hz, 1,000 Hz, 2,000 Hz and 3000 Hz. The frequency responses for each ear are averaged to determine the measure of an applicants hearing ability. The Applicant should demonstrate an unaided threshold of 20dB in each ear.

Additional information must be reported in Section VII.

<table>
<thead>
<tr>
<th>Audiometer Threshold Value</th>
<th>500Hz</th>
<th>1,000Hz</th>
<th>2,000Hz</th>
<th>3,000Hz</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right Ear (Unaided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear (Unaided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Right Ear (Aided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Left Ear (Aided)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Functional Speech Discrimination Test @ 55dB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Righ. Ear (Unaided): %</td>
</tr>
<tr>
<td>Lef. Ear (Unaided): %</td>
</tr>
</tbody>
</table>

Applicant Name: ___________________________ Date of Birth: ___________________________
Section VII (a) - Physical Information

This section to be completed by the verifying medical practitioner, or other medical staff to the satisfaction of the verifying medical practitioner. Additional information must be reported in Section VII.

<table>
<thead>
<tr>
<th>Height (inches only):</th>
<th>Weight (lbs):</th>
<th>Body Mass Index (BMI):</th>
<th>Gender:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Pulse Resting:</th>
<th>Initial Blood Pressure:</th>
<th>Repeat Blood Pressure (if needed):</th>
</tr>
</thead>
</table>

Section VII (b) – Physical Exam *(must be completed by verifying medical practitioner)*

<table>
<thead>
<tr>
<th>#</th>
<th>Normal</th>
<th>Abnormal</th>
<th>System/Organ</th>
<th>#</th>
<th>Normal</th>
<th>Abnormal</th>
<th>System/Organ</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td>Head, Face, Neck, Scalp</td>
<td>10.</td>
<td></td>
<td></td>
<td>Skin</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td>Eyes / Pupils / EOM</td>
<td>11.</td>
<td></td>
<td></td>
<td>Lymphatic</td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td>Mouth And Throat</td>
<td>12.</td>
<td></td>
<td></td>
<td>Neurologic</td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td>Lungs And Chest</td>
<td>14.</td>
<td></td>
<td></td>
<td>Genital-Urinary System</td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td>Heart</td>
<td>15.</td>
<td></td>
<td></td>
<td>Hernia</td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td>Upper / Lower Extremities</td>
<td>17.</td>
<td></td>
<td></td>
<td>General / Systemic</td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td>Spine / Musculoskeletal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please make numbered comments on abnormal systems/organs:

Section VIII - Demonstration of Physical Ability *(to be completed by the verifying medical practitioner)*

- If the examining medical practitioner doubts the applicant’s ability to meet the guidelines contained within this table, and for all applicants with a Body Mass Index (BMI) of 40.0 or higher, the practitioner shall require that the applicant demonstrate the ability to meet the guidelines. This does not mean, for example, that the applicant must actually don an exposure suit, pull an uncharged 1.5 inch diameter 50’ fire hose with nozzle to full extension, or lift a charged 1.5 inch diameter fire hose to fire fighting position. Rather, the medical practitioner may utilize alternative measures to satisfy himself or herself that the applicant possesses the ability to meet the guidelines in the third column. A description of the methods utilized by the medical practitioner should be reported in Section IX.

- All practical demonstrations, if required, should be performed by the applicant without assistance. Any prosthesis normally worn by the applicant, and other aid devices, may be used by the applicant in all practical demonstrations except when the use of such items would prevent the proper wearing of mandated personal protection equipment (PPE).
If the verifying medical practitioner is unable to conduct the practical demonstration, the applicant should be referred to a competent evaluator of physical ability. The Coast Guard recognizes that all medical practitioners may not have the equipment necessary to test all of the tasks as listed. Equivalent alternate testing methodologies may be used. For further information, see enclosure (2) of NVIC 4-08.

If the applicant is unable to perform any of the following functions, the examining practitioner should provide information on the degree or the severity of the applicant's inability to meet the standards. The results of any practical demonstration or attendant physical evaluation should be recorded in the Section IX.

### List of tasks considered necessary for performing ordinary and emergency response shipboard functions:

| Shipboard Tasks, function, event or condition | Related Physical Ability | The examiner should be satisfied that the applicant:
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine access between levels.</td>
<td>Climb up and down vertical ladders and stairways.</td>
<td>Is able, without assistance, to climb up and down vertical ladders and stairways.</td>
</tr>
<tr>
<td>Routine movement between spaces and compartments.</td>
<td>Step over high door sills and coamings, and move through restricted accesses.</td>
<td>Is able without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches.</td>
</tr>
<tr>
<td>Open and close watertight doors, hand cranking systems, open/close valve.</td>
<td>Manipulate mechanical devices using manual and digital dexterity, and strength.</td>
<td>Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles. Reach above shoulder height.</td>
</tr>
<tr>
<td>Handle ship's stores.</td>
<td>Lift, pull, push, and carry a load.</td>
<td>Is able, without assistance, to lift at least a 40 pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.</td>
</tr>
<tr>
<td>General vessel maintenance.</td>
<td>Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.</td>
<td>Is able, without assistance, to grasp, lift and manipulate various common shipboard tools.</td>
</tr>
<tr>
<td>Emergency response procedures, including escape from smoke-filled spaces.</td>
<td>Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).</td>
<td>Is able, without assistance, to crouch, kneel and crawl, and to distinguish differences in texture and temperature by feel.</td>
</tr>
<tr>
<td>Stand a routine watch.</td>
<td>Stand a routine watch.</td>
<td>Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.</td>
</tr>
<tr>
<td>React to visual alarms and instructions, emergency response procedures.</td>
<td>Distinguish an object or shape at a certain distance.</td>
<td>Fulfills the eyesight standards for the merchant mariner credential(s) applied for. See footnote 1 of this table &amp; enclosure (5) of NVIC 4-08.</td>
</tr>
<tr>
<td>React to audible alarms and instructions, emergency response procedures.</td>
<td>Hear a specified decibel (dB) sound at a specified frequency.</td>
<td>Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for.</td>
</tr>
<tr>
<td>Make verbal reports or call attention to suspicious or emergency conditions.</td>
<td>Describe immediate surroundings and activities, and pronounce words clearly.</td>
<td>Is capable of normal conversation.</td>
</tr>
<tr>
<td>Participate in firefighting activities.</td>
<td>Be able to carry and handle fire hoses and fire extinguishers.</td>
<td>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.</td>
</tr>
<tr>
<td>Abandon ship.</td>
<td>Use survival equipment.</td>
<td>Has the agility, strength and range of motion to put on a personal flotation device and exposure suit without assistance from another individual.</td>
</tr>
</tbody>
</table>
### Section IX – Verifying Medical Practitioner Recommendation

<table>
<thead>
<tr>
<th>Recommended Competent</th>
<th>Not Recommended Competent (explain in comments)</th>
<th>Needing Further Review (explain in comments)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments on Recommendation:**

**Verifying Medical Practitioner:**

This signature attests, subject to criminal prosecution under 18 USC § 1001, that all information reported by the verifying medical practitioner is true and correct to the best of his/her knowledge and that the verifying medical practitioner has not knowingly omitted or falsified any material information relevant to this form.

**Name (Printed):**

**Signature:**

**Date:**

**License Number:**

**Office Address, City, State, Zip Code:**

**Office Telephone:**

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

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**Applicant Name:** ________________  **Date of Birth:** ________________

Previous Edition Obsolete
SIMPLIFIED DRUG TESTING PROCEDURES

A drug test from an approved lab, certified as negative by a licensed physician, is now required for any license or document transaction with the Coast Guard if that transaction requires a physical. Sounds simple! It is if you follow the step by step procedures:

1. Contact a licensed physician (MD or DO only) and ask if he or she can arrange for a drug test approved by the Department of Transportation (DOT). The test must be by a lab authorized by Substance Abuse and Mental Health Services Administration (SAMHSA).

2. Verify that the physician has been trained and certified by the appropriate federal agency in drug testing procedures. A new Federal Regulation requires that physicians receive special training before they can act as Medical Review Officers (MROs). Physician must identify the qualifying organization and registration number in the lower right corner of the Periodic Drug Testing Form.

3. If yes to both 1 and 2 above, ask costs. If satisfactory, go have it done.

4. Make sure that the lab name AND location is on the list provided. If it is not, it is unacceptable. The test can only be for the 7 listed drugs (regulations changed from 5 to 7 during 2010). No more, no less! ONLY the 7 drugs listed can be tested for. The official USCG form still only shows 5, but all approved labs test for the 7 as required.

5. Collection personnel send the urine sample (urine, not blood) to one of the approved labs at one of their approved locations.

This test must be done “Blind.” That means the lab only has a control number and physician information to return the results to. Labs cannot have your name or address. That’s why you need to find a physician or collection organization that knows what to do. Approved drug consortiums are an ideal source to use. **You can’t go directly to one of the labs on the approved list.**

6. Lab runs the test and returns the results to the doctor.

7. Doctor matches up the lab results with your information and fills out the proper form **completely**.

8. Doctor sends the form to **you**, not to the USCG. Photocopies are acceptable to the USCG.

9. You submit the form to the Coast Guard with the rest of your paperwork. Do not send the lab report to the Coast Guard. Drug tests must be less than 6 months old, physicals less than one year old.

**SUMMARY:**
1. Find a doctor willing and ABLE to do the drug test
2. Check the form received from the doctor to be sure it is properly and **completely** filled out
3. Submit the form to the Coast Guard with other required paperwork

A list of approved labs and their approved locations is available for your physician by mail or fax. The list is for your physician’s use only. You may not contact the approved lab directly.

**SEE OTHER SIDE FOR ADDITIONAL IMPORTANT INFORMATION**
WHEN DO YOU NEED A DRUG TEST FOR THE COAST GUARD?

Every transaction involving:

1. Original license application
2. Renewal of License (except continuity renewal)
3. Raise of Grade of License (does not include gross tonnage increase in scope)
4. Pilots (every year with physical)
5. Original Merchant Mariner Document (MMD) (Ordinary, AB, QMED, Tankerman, etc.)
6. First endorsement as AB, QMED, Tankerman, etc.
7. Renewal of MMD (except continuity renewal)

*************************************************************************

Substitute for Drug Test

Letter from company or drug consortium showing:

1. Evidence of passing the **proper** test within the previous 6 months with no positive test since, or
2. Evidence of being subject to a **Maritime** random testing program for at least 60 of the previous 185 days, and did not fail, and did not refuse to test.

NOTE: If employed in the maritime field, mariners need to be subject to random testing. This can be a company sponsored plan or outside consortium (a group of individuals banding together, sponsored by an organization).

*************************************************************************

Drug tests (or letters of compliance from consortiums) need to be less than 6 months old when submitted. Physicals, when required, need to be less than one year old for most transactions, 3 years old for Raise of Grade of a license.
INSTRUCTIONS: This form MAY be used to satisfy the requirements for “Periodic Drug Testing” in accordance with Title 46 CFR 16.220. If you participate in a USCG “random or pre-employment drug test program,” this form may not be necessary. (See page 2 for details).

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

Section I – Applicant Consent

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

<table>
<thead>
<tr>
<th>Name: (Last, First, Middle) of Applicant (Print or Type)</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Signature of Applicant: [Signature]

Date: [Date]

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section III – Medical Review Officer

DATE SPECIMEN COLLECTED: [Date]

Specimen Analyzed For (DOT 5 Panel):

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

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

NEGATIVE

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

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

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

This specimen is verified POSITIVE for:

The specimen was identified as being SUBSTITUTED or containing the ADULTERANT:

The test was CANCELLED because (insert reason):

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

MEDICAL REVIEW OFFICER CONTACT INFORMATION:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

MEDICAL REVIEW OFFICER AUTHORITY:

<table>
<thead>
<tr>
<th>Name: (Printed)</th>
<th>Signature:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(MRO signature stamp is authorized for negative results only)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of MRO Qualifying Organization:</th>
<th>Registration Number Issued by Qualifying Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

"An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number." "The Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U.S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."
### REQUIREMENTS

- A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates.
- ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.
- A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.
- COLLECTION of a urine sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given Title 49 CFR Part 40.31. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at [www.uscg.mil/hq/smo/dapip.htm](http://www.uscg.mil/hq/smo/dapip.htm).
- The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly to our office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.

### OPTION I

#### PERIODIC TESTING PROGRAM

- An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs.

**EXAMPLE (From Marine Employers):** APPLICANT’S NAME / SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.

**EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):** APPLICANT’S NAME / SSN has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.

### OPTION II

#### RANDOM TESTING

- An ORIGINAL DATED letter on marine employer stationary signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days.

**EXAMPLE:** APPLICANT’S NAME / SSN passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

### OPTION III

#### PRE-EMPLOYMENT TESTING

### PRIVACY ACT STATEMENT

In accordance with 5 U.S.C. 552(a)(3), the following information is provided to you when supplying personal information to the US Coast Guard:

1. **Authority which authorized the solicitation of information**

2. **Principle purposes for which information is intended to be used:**
   A. To establish eligibility for a merchant mariner’s license and document issued by the Coast Guard.
   B. To establish and maintain a continuous record of the person’s documentation transactions.
   C. To turn the information transferred to a file management computer system for a permanent record.

3. **The routine uses which may be made of the information:**
   A. To maintain records required by 46 U.S.C. 7319 AND 7502.
   B. To enable eligible parties (i.e. the mariner’s heirs or properly designated representative) to obtain information.
   C. To provide information to the U.S. Maritime Administration for use in developing manpower studies and training budget needs.
   D. To develop information at the request of committees of Congress.
   E. To project billet assignments at Coast Guard Marine Inspection/Safety Offices.
   F. To provide information to law enforcement agencies for criminal or civil law enforcement purposes.
   G. To assist U.S. Coast Guard investigating officers and administrative law judges in determining misconduct, causes of casualties, and appropriate suspension and revocation actions.
   H. Whether or not disclosure of such information is mandatory or voluntary (required by law or optional) and the effects on the individual, if any, of not providing all or part of the requested information is voluntary, disclosure of this information is voluntary, but failure to provide may result in non-issuance of the requested document(s).
8440 – 4th Street North, St. Petersburg, FL 33702, (727) 577-3992, Fax (727) 522-3155

IF YOU HAVE NEVER HAD A TWIC CARD, OR HAVE ONE ABOUT TO EXPIRE OR RECENTLY EXPIRED, USE THE INFORMATION PROVIDED TO CONTACT THE APPROPRIATE TWIC OFFICES. INFORMATION ON THE REVERSE IS THE LATEST FROM THE USCG.

For more information, call or visit the TWIC program websites:

**TSA**

http://www.twicinformation.com

http://www.tsa.gov/twic

1-866-DHS-TWIC (1-866-347-8942)

   Pre-enroll
   Enrollment Information
   Enrollment locations & schedules

**U.S. Coast Guard**

http://homeport.uscg.mil

1-877-MTSA-AID (1-877-687-2243)

USCG-TWIC-Helpdesk@uscg.mil

**U.S. Coast Guard National Maritime Center**

http://www.uscg.mil/stcw

1-888-I-ASK-NMC (1-888-427-5662)

IASKNMC@uscg.mil
The Coast Guard is allowing mariners without a valid TWIC who operate on-board vessels that do not have a VSP to acquire and renew an MMC. The applicant must have held and been qualified to hold a TWIC from the Transportation Security Administration (TSA). This policy will apply to mariners who are inactive or not operating under the authority of their credential, as well as those who serve on vessels that are not required to have a VSP. (See “Denial of Need” form enclosed.)

Vessels include:
• Uninspected passenger vessels of less than 100 gross register tons (GRT)
• Vessels inspected under subchapter T of Title 46 Code of Federal Regulations, except those on international voyages
• Towing vessels not involved in towing barges inspected under 46 CFR subchapters D, I, or O.
• Towing vessels involved in fleeting, docking or ship assist as excepted in Title 33 CFR, Section 104. 105(a)(11).

NOTE: This list is not all inclusive.

Mariners on such vessels will be permitted to renew an existing credential without submitting proof of holding a valid TWIC.

Vessels that are required to have a VSP include:
• Mobile Offshore Drilling Unit (MODU)
• Cargo or passenger vessel subject to the International Convention of Safety of Life at Sea, 1974 (SOLAS) Chapter XI-1 or Chapter XI-2
• Towing vessels greater than eight meters in registered length engaged in towing barges
• Passenger vessels certified to carry more than 150 passengers.

NOTE: This list is not all inclusive.

Mariners who are being issued an initial MMC, or who never held a TWIC, will need to enroll for a TWIC at a TWIC enrollment center. They will also have to pay all applicable fees associated with getting a TWIC. This is required because the TWIC enrollment center is the only place where the Coast Guard can obtain biometric information (fingerprints) from the applicant. The Transportation Security Administration (TSA) will also continue to conduct all screenings. Mariners associated with vessels not required to have a VSP will not be required to return to the TWIC enrollment center to pick up their TWIC as a precondition for receiving their initial MMC.

For mariners renewing their MMC, who do not require a TWIC, they may skip the TWIC enrollment process and apply for an MMC at a Regional Exam Center (REC). If a mariner chooses to do this, only criminal background data from previous applications will be available.

The Safety and Suitability “background check” conducted by the NMC will be name based. If the mariner chooses this option, they will need to affirmatively indicate that they do not desire a TWIC and that they understand that they do not desire a TWIC and that name based processing could significantly delay their credential processing. A sample statement for this may be found at http://www.uscg.mil/nmc/twic/sample_b.pdf.

With regard to inspection enforcement, the Coast Guard will change its enforcement policies so that a mariner who does not hold a TWIC, or holds an expired TWIC but a current MMC, will not be considered in violation of the applicable regulations.

The Coast Guard is considering a regulatory project that would propose to adjust a portion of the MMC fees to compensate mariners for costs associated with enrolling for a TWIC. This regulation is still in development, but the Coast Guard intends to complete the rule in accordance with the timeline set forth in the Unified Agenda of Regulatory and Deregulatory Action (http://www.reginfo.gov/public/do/eAgendaMain). The Coast Guard welcomes feedback on this process, and intends to seek and respond to public comments on the regulation. Until such a regulation becomes effective, the existing MMC and TWIC fee structure remains in place.

For a list of Frequently Asked Questions and answers, please visit http://www.uscg.mil/nmc/faz.asp.
DENIAL OF NEED
TWIC REQUIREMENTS STATEMENT

Submit this statement or its equivalent with your Merchant Mariner Credential (MMC) application if you have previously held or applied for a Transportation Worker Identity Credential (TWIC) and are claiming exemption from the requirement to hold a valid TWIC under Coast Guard Policy Letter 11-15.

Date: __________________

Name: ____________________________________________________________

Mariner Reference Number: _________________________________________

I certify that I do not require a TWIC,

I understand that a name based safety and suitability check could significantly delay the processing of my Merchant Mariner Credential Application.

________________________________________
Signature