



U.S. Department of
Transportation
**Maritime
Administration**

Maritime Administration Service Obligation Compliance Report or Merchant Marine Reserve, U.S. Naval Reserve, Annual Report



Commander Naval Reserve
Forces Command
U.S. Naval Reserve

INSTRUCTIONS: This Compliance Report must be completed annually by all U.S. Merchant Marine Graduates and State Maritime Academy Graduates in the Student Incentive Payment (SIP) Program for the period of your obligation after graduation. You are required to report using this form to the Maritime Administration (MARAD) and COMNAVRESFORCOM (N 14) between **January 1st and March 1st of each year**. Graduates are encouraged to submit this Compliance Report form to MARAD electronically, (<https://mscs.marad.dot.gov>); however, the form can be submitted by mail to MARAD, Office of Workforce Development, MAR-740, 1200 New Jersey Ave, SE, Washington, DC 20590. Also send two paper copies of this form to COMNAVRESFORCOM (N14), MMR Program Office, 4400 Dauphine St., New Orleans, LA 70146-5100. Retain a copy for your records. You will be reporting on your active duty status, if any, the status of your reserve commission, your U.S. Coast Guard (USCG) License status and your employment history. Failure to report annually is a breach of the service obligation and OPNAVINST 1534.1B and may result in legal action, including, but not limited to include being called to active duty in the military or reimbursement of tuition of education provided. 46 USC APP§1295a(5)

PART I

1. Rank	2. Name (Last, First, Middle Initial)	3. Social Security Number	4. Date of Birth	5. Designator
6. Address (Street, City, State, and Zip Code)		7. E-mail Address(es)		8. Calendar Year Reporting
9. Are you Full Time Active Duty Military? ☐ Yes ☐ No If yes, state your branch and period of the service and current unit in Parts III and V, skip Parts II and IV.				
10. Are you maintaining your Reserve Commission? ☐ Yes ☐ No Branch of Service		11. Maritime Academy Attended/Year Graduated /		
12. I have transferred to the Selected Reserve status and have affiliated with: Unit _____ Reserve Center _____				
13 Have you Renewed or Upgraded your USCG License since last report? ☐ Yes ☐ No Date of Renewal/Upgrading (Month/Year)		14. Telephone () - () (Home) () - () (Work)		
15. U.S. Coast Guard License Serial No. _____	16. Date Issued	17. U.S. Coast Guard License Held		
18. List Standards of Training, Certification and Watchkeeping (STCW95) endorsements since last report, with dates				

PART II

Annual Training (AT) or Active Duty Training (ADT)

Dates and Number of Days	Name of Command/Course Title/Ship

Correspondence Courses Completed

1. Points:		4. Points:	
2. Points:		5. Points:	
3. Points:		6. Points:	

Inactive Duty Training (IDT) Participation Authorization

Unit	Reserve Center	Dates & Numbers of IDT Periods							
		()		()		()		()	
		()		()		()		()	
		()		()		()		()	
		()		()		()		()	
		()		()		()		()	TOTAL (0)

The information collected is required for MARAD and MMR/USNR to determine if respondent complied with terms of his/her maritime service obligation agreement during the reporting period. Public reporting burden of this collection of information is estimated to average one-half hour per response. Send comments regarding burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management and Administrative Services, 1200 New Jersey Avenue, SE, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction project (2133-0509), Washington, DC 20503. Response to this collection is mandatory under 46 App. U.S.C. 1295b or 46 App. U.S.C. 1295c, as applicable. Confidentiality of information collected will be provided to the extent it is protected under the Privacy Act, 5 U.S.C. 552a. Note: An agency may not conduct or sponsor and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB number is 2133-0509.

PRIVACY ACT STATEMENT: 46 CFR 310 authorizes collection of this information. The principal purpose of this information is to determine compliance with Training and Service Obligation Agreements and status in the Naval Reserve. Routine use is to monitor and update information in MARAD (MSCS/SIPSAMS) monitoring system and Navy Management Information Systems. Completion of this form and furnishing your Social Security Number (which will be used by this agency only for the purposes indicated above) is voluntary; however, failure to provide this information represents non-compliance with Training and Service Obligation Agreements and could result in adverse administrative actions.

PART III-EMPLOYMENT: An entry must be made for all periods of employment or unemployment during the Reporting Year. Begin with current status and work back covering the entire Report Year. Also, state how your position demonstrates employment in a maritime-related industry and is useful to the

Form MA-930 (Rev. 3-2009)

COMNAVRESFORCOMINST 1534.1B

COMNAVRESFORCOM 1534.1B (7-2002)

U.S. Navy. Add additional information in Part IV and attach additional sheets as needed. Unless you have received a deferral of your employment requirement, U.S. Merchant Marine Academy graduates must complete Part III to describe employment for the 5 year period after graduation and graduates of State Maritime Academies must complete Part III to describe employment for the 3 year period years after graduation. If you have filed annual reports on employment and that obligation is complete, indicate "fulfilled employment" in Part III when reporting on the remaining obligations i.e., USCG license and/or reserve status in Parts I and II.

A	Employer's Name	Employment Type (Check Only One Box) a. ☐ Afloat (<i>See*</i>) d. ☐ Non-Maritime b. ☐ Maritime Related e. ☐ Graduate Ashore School c. ☐ Federal/State f. ☐ Unemployed Gov't Maritime Related g. ☐ Active Duty Military/ NOAA Corps
	Employer's Address (<i>Number, Street, City, State, Zip Code</i>)	
	Exact Title of Your Position	
	Period Covered (<i>Month/Day/Year</i>)	
B	Employer's Name	Employment Type (Check Only One Box) a. ☐ Afloat (<i>See*</i>) d. ☐ Non-Maritime b. ☐ Maritime Related e. ☐ Graduate Ashore School c. ☐ Federal/State f. ☐ Unemployed Gov't Maritime Related g. ☐ Active Duty Military/ NOAA Corps
	Employer's Address (<i>Number, Street, City, State, Zip Code</i>)	
	Exact Title of Your Position	
	Period Covered (<i>Month/Day/Year</i>)	
C	Employer's Name	Employment Type (Check Only One Box) a. ☐ Afloat (<i>See*</i>) d. ☐ Non-Maritime b. ☐ Maritime Related e. ☐ Graduate Ashore School c. ☐ Federal/State f. ☐ Unemployed Gov't Maritime Related g. ☐ Active Duty Military/ NOAA Corps
	Employer's Address (<i>Number, Street, City, State, Zip Code</i>)	
	Exact Title of Your Position	
	Period Covered (<i>Month/Day/Year</i>)	

PART IV. Describe how your position(s), duties, and responsibilities demonstrate how your employment is maritime-related. If you are in the Merchant Marine Reserve, include a description how your employment is useful to the U.S. Navy.

PART V. Space for Additional Details. Indicate to which question this information applies.

CERTIFICATION

I certify under penalty of perjury that all of the statements made by me are true, complete, and correct to the best of my knowledge and are made in good faith. A false answer to any question in this statement may be punishable by fine or imprisonment (18 U.S.C. 1001).

Signature (*Sign in ink*)

Date