

## Narrative of Revisions

*The purpose of the Narrative of Revisions is to clearly indicate revisions to a collection since the previous approval*

Collection Title: Application for Merchant Mariner Credential (MMC), Merchant Mariner Medical Certificate Evaluation Report, Small Vessel Sea Service Form, DOT/USCG Periodic Drug Testing Form, Merchant Mariner Evaluation of Fitness for Entry Level Ratings, [Merchant Mariner Credential](#), [Merchant Mariner Medical Certificate](#), [Recognition of Foreign Certificate](#)

OMB Control No.: 1625-0040

Current Expiration Date: 06/30/2012

Collection Instruments: CG-719B, CG-719K, CG-719S, CG-719P, CG-719K/E-, [CG-4610](#), [CG-4610A](#), and [CG-4610B](#)

The following listed below are revisions to the collection:

- Changed the title of this collection to reflect the proper names of each instrument in the collection.
- [Added the Merchant Mariner Credential \(CG-4610\), Merchant Mariner Medical Certificate \(CG-4610A\), and Recognition of Foreign Certificate \(CG-4610B\). This addition does not impact the total burden hours or cost placed on the respondents.](#)

### Revisions to CG-719S:

- Header of CG-719S was changed from:  
SMALL VESSEL SEA SERVICE FORM  
To:  
SMALL VESSEL SEA SERVICE FORM  
For Service on Vessels Under 200 Gross Tons Only

This change was incorporated into the form in order to clearly delineate respondents.

- Redesigned CG-719S as an electronic fillable form.
- Text boxes throughout the CG-719S were redesigned to provide optimal image preprocessing for optical character recognition. All text boxes remain labeled with horizontal boxes below. This change improves usability while providing a means to convert data from the form to the electronic medium.
- Under Note in Section III, removed “If you were of the above vessel, proof of ownership must be provided with this form” and replaced it with “If you are the owner of the vessel, then proof of ownership must be provided.”

## **Revisions to CG-719P:**

- Redesigned CG-719P as an electronic fillable form.
- Text boxes throughout the CG-719P were redesigned to provide optimal image preprocessing for optical character recognition. All text boxes remain labeled with horizontal boxes below. This change improves usability while providing a means to convert data from the form to the electronic medium.
- Relocated “An agency may not conduct or sponsor...” from page 1 of the CG-719P to the bottom of page 2.
- In section OPTION I, PERIODIC TESTING PROGRAM, COLLECTION, of the CG-719P, deleted the last sentence “A list of service agents that can assist in meeting...” from this section.
- In section OPTION II, RANDOM TESTING, of the CG-719P, deleted “An ORIGINAL DATED letter on marine employer stationary or, for ACTIVE DUTY MILITARY MEMBERS...” from this section.
- Corrected spelling error “INFORMAITON” in the Privacy Act Statement of the CG-719P.

**The following items listed below are revisions to CG-719B as a result of the Coast Guard Authorization Act of 2010 and to align language with statutory and regulatory changes. See the enclosed CG-719B for further details:**

- Redesigned CG-719B as an electronic fillable form.
- Text boxes throughout the CG-719B were redesigned to provide optimal image preprocessing for optical character recognition. All text boxes remain labeled with horizontal boxes below. This change improves usability while providing a means to convert data from the form to the electronic medium.
- Added the following to page 1 –
  - a) “See instructions at the end of the application for completing this form.” after Section I – Personal Data.
  - b) “Reference Number”
  - c) “Alien Registration Number (ARN)”
  - d) “Delivery/Mailing Address, if different (PO Box acceptable)”
  - e) “Other” box after phone, alternate phone, and email address boxes
  - f) “(Please indicate best method(s) of contact by checking the appropriate box(es))” after Next of Kin/Emergency Contact
  - g) “Cell Phone (Optional)” under Next of Kin/Emergency Contact
  - h) “Endorsement Category” under Section II

- i) “Transaction Type (Check All That Apply; See Instructions for Definitions and Additional Requirements for the transaction below)” under Section II
  - j) “  FOR RENEWAL TRANSACTIONS ONLY: I request to have my merchant mariner credential (MMC) issued immediately and decline having its issuance coincide with my previous credentials expiration date.”
  - k) “  If I am not approved for the endorsement I have requested, I wish to be approved for the highest endorsement for which I am qualified (e.g. I want AB Limited if I am not approved for AB Unlimited).”
- Added the following to page 2 –
    - a) “Transportation Worker's Identification Credential (TWIC)
      - “  I have previously enrolled for a TWIC with TSA and am exempt from holding a valid TWIC” to Section III
    - b) “  I understand that a Document of Continuity is not valid for use in accordance with 46 CFR 10.227(e)(2)(ii) and aware of the requirements to obtain an MMC.” to Section III.
    - c) “Third Party (Optional): By checking the following boxes, I am authorizing release of information to the third party as indicated below. If a selection is made, please provide the Name of the Organization or Third Party, Address, and Phone Number. Additional Third Party release information can be attached separately.” to Section III.
    - d) “ Safety and Suitability” to Section III.
    - e) “ Medical” to Section III
    - f) “ Professional qualifications, certification records, or Sea Service” to Section III
    - g) “ Merchant Mariner Credential” to Section III
    - h) “ Act on my behalf in all matters pertaining to the processing of my current USCG credential application” to Section III
    - i) “Name of Organization or Third Party” to Section III
    - j) “Organization Point of Contact (if applicable)” to Section III
    - k) “Address” to Section III
    - l) City, State, Zip Code” to Section III
    - m) “Phone Number” to Section III
  - Added the following to page 3 –
    - a) “Signature of Witness to the Oath” and “Date” to Section III
  - Added 2 pages of instructions for further guidance regarding information that may be required to be submitted with the application.
  - Added “Figure 1” to assist applicants in determining what attachments to include with applications (according to endorsement categories and transaction types).
  - Changed the following on page 1 –
    - a) Header for all pages – changed “Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner’s Document” to “Application for Merchant Mariner Credential (MMC)”
    - b) Changed Section I – Personal Data:

- i. Name section to “Legal Name (Last, First, Middle, Suffix) [Alias(es) or Maiden Name(s) if applicable]”
  - ii. Date of Birth section to “DD/MM/YYYY”
  - iii. “Country of Citizenship” to “Citizenship/Nationality”
  - iv. Removed “Height”
  - v. Removed “Weight”
  - vi. Changed “PO Boxes are acceptable” to “PO Box NOT acceptable”
  - vii. Changed “FAX Number” to “Alternate Phone”
  - viii. Changed title of Section II to “Requested Coast Guard Credential(s) See instructions at the end of the application for completing this form.”
  - ix. Removed “\*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.”
  - x. Removed “State Current or Previous License/Merchant Mariner’s Document”
  - xi. Removed “Description of License/Merchant Mariner’s Document”
  - xii. Removed “Place of Issue”
  - xiii. Removed “Date of Issue”
- Changed the following on page 2 –
  - a) Removed “Narcotics, DWI/DUI, and Conviction Record” in Section III and replaced with “Mariner’s Consent/Certification – Check All that Apply See Instructions at the end of the application for completing this form.”
  - b) Changed “Conviction means found guilty by judgment..” under “Narcotics, DWI/DUI, and Conviction Record” in Section III to “ I have attached a signed statement of explanation...” in box 4 of Section III.
  - c) Removed the following from Section III:
    - i. “Indicate your answers...”
    - ii. “Have you ever been convicted of violating...”
    - iii. “Have you ever been convicted by any court...”
    - iv. “Have you ever been convicted of a traffic...”
    - v. “Have you ever had your driver’s license revoked...”
    - vi. “Have you ever been given a Coast Guard letter...”
    - vii. “Have you ever had any Coast Guard license...”
    - viii. “I have attached a statement of explanation for all areas marked “yes” above...”
    - ix. “Signature of Applicant agreeing to the above statement”
    - x. “Date”
  - d) Removed “Section IV – Character References (For Original License Applicants Only)”
  - e) Removed “I am an Original License Applicant...”
  - f) Removed “Section V - Mariner’s Consent”
  - g) Revised language in “National Driver Registry (NDR)...” and moved to Section III, box 5.
  - h) Removed “Signature of Applicant” from NDR
  - i) Removed “Date” from NDR
  - j) Revised language in “Mariner’s Tracking System...” and moved to Section III, box 2.
  - k) Removed “Signature of Applicant” from Mariner’s Tracking System
  - l) Removed “Date” from Mariner’s Tracking System

- Changed the following on page 3 –
  - a) Removed “Section VI – Certification and Oath”
  - b) Changed “Certification (Mandatory)” to “Certification”
  - c) Revised language in “Certification” and moved to Section III, box 9.
  - d) Removed “Signature of Applicant...” under Section VI
  - e) Removed “Date” under Section VI
  - f) Revised “Oath (For originals only. Coast Guard official must witness applicant signature.)” to “Oath (For originals only.)”
  - g) Revised language in “Oath...” and moved to Section III, box 10.
  - h) Removed “Signature of Coast Guard Official \_\_\_\_\_ Date”
  - i) Removed entire Section VII
  - j) Removed entire Section VIII
  - k) Removed entire Section IX
  
- Changed the following on page 4 –
  - a) Revised language in the Privacy Act and moved to bottom of page 3.

### **Revisions to CG-719K/E**

- The CG-719K/E was redesigned in a way that guides respondents directly and unambiguously to the areas that need to be filled.
  
- Text boxes throughout the CG-719K/E were redesigned to provide optimal image preprocessing for optical character recognition. All text boxes remain labeled with horizontal boxes below. This change improves usability while providing the Coast Guard a means to convert data from the form to the electronic medium.
  
- Added: "Food Handler Certification" section for any applicant seeking Food Handler Endorsement. This change was made to comply with the long standing regulation Title 46, Code of Federal Regulations (CFR), Part 10.215(d)(2). 46 CFR 10.215(d)(2) requires mariners applying for a steward's department food handler rating to provide a statement from a licensed physician, physician assistant, or nurse practitioner attesting that they are free of communicable diseases. Burden to medical practitioner consists of checking a box.
  
- Added “Reference Number” under Section I – Applicant Information and Signature; the reference number is a unique number given to each licensed, documented, or credentialed mariner.

### **Revisions to CG-719K**

- The CG-719K/E was redesigned in a way that guides respondents directly and unambiguously to the areas that need to be filled.

- Text boxes throughout the CG-719K/E were redesigned to provide optimal image preprocessing for optical character recognition. All text boxes remain labeled with horizontal boxes below. This change improves usability while providing the Coast Guard a means to convert data from the form to the electronic medium.
- Added the following to page 1:
  1. “Reference Number” – unique number given to each licensed, documented, or credentialed mariner.
  2. “Occupation” with the following checkbox options: Deck, Engineer, Food Handler, and STCW.
  3. “Application Type” with the following checkbox options: Original, Renewal, and Raise In Grade.
- Made the following edits to Section IV:
  1. Reduced the list of medical conditions from 88 items to 37 items by methodically merging related conditions.
- Added “Mariner is able to distinguish red, green blue, and yellow:” with “Yes” and “No” checkbox options.
- Revised Section VI: Hearing to comply with internal Coast Guard medical standards:
 

“(a) 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.

(b) If hearing is abnormal, then perform either a functional speech discrimination test at 65 dB or an audiogram documenting thresholds and averages as indicated below. Both aided and unaided values should be recorded for applicants requiring hearing aids.

(c) All applicants with an unaided threshold  $> 30$ dB in the better ear, should have functional speech discrimination testing performed at 65dB.

(d) Refer to Medical and Physical Evaluation Guidelines for Merchant Mariner Credentials from the NMC website (<http://www.uscg.mil/nmc/medical.asp>) for further guidance. Report any additional information or comments in Section VII.
- Changed all references to “NVIC 4-08” to the National Maritime Center’s website at “<http://www.uscg.mil/nmc/medical.asp>”
- Added the following to Section VIII: Demonstration of Physical Ability: “Demonstration of Physical Ability Results” with checkbox options of “Applicant has physical strength, agility, and flexibility to perform all of the items listed above” and “Applicant does NOT have physical strength, agility, and flexibility to perform any one of the items listed above” along with a “Comments” box.
- Added: "Food Handler Certification" section for any applicant seeking Food Handler Endorsement. This change was made to comply with the long standing regulation Title 46, Code of Federal Regulations (CFR), Part 10.215(d)(2). 46 CFR 10.215(d)(2) requires

mariners applying for a steward's department food handler rating to provide a statement from a licensed physician, physician assistant, or nurse practitioner attesting that they are free of communicable diseases.

- Added the following to Section X: Summary:
  1. "Applicant proof of identity verified" with "Yes" and "No" checkbox options.
  2. "Supporting medical testing and documentation for medical conditions included with submissions" with "Yes" and "No" checkbox options.
  3. "Designated Medical Examiner (DME) Number"
  
- Added the following to the General Instructions for Medical Practitioner section:

"The medical practitioner shall complete Section IX for all applicants requiring Food Handler Certification. The medical practitioner need not perform any additional laboratory 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. The following issues should be considered by the medical practitioner when certifying an applicant:

  - a. The applicant reports they have been diagnosed with an illness due to organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
  - b. 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.
  - c. 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.
  - d. The applicant reports they have had Salmonella Typhi within the past three months, Shigella spp. within the past month, Shiga toxin producing Escherichia coli within the past month, or Hepatitis A virus ever.
  - e. The applicant reports they are suspected of causing or being exposed to a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc. This would include outbreaks associated with events such as a family meal, church supper, or festival because the food employee ate food implicated in the outbreak, or ate food at the event prepared by a person who is infected or who is suspected of being a shedder of the infectious agent.
  - f. The applicant reports they live in the same household as, and have knowledge about, a person who is diagnosed with organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.
  - g. The applicant reports they live in the same household as, and have knowledge about, a person who attends or works in a setting where there is a confirmed disease outbreak caused by organisms such as Salmonella Typhi, Shigella spp., Shiga-toxin-producing Escherichia coli, Hepatitis A virus, etc.