

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

# Maritime Administration Annual Service Obligation Compliance Report

The information collected is required for MARAD 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 Information Services, 1200 New Jersey Ave., 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.

**INSTRUCTIONS:** This Compliance Report must be completed annually by all U.S. Merchant Marine Academy Graduates and State Maritime Academy Graduates in the Student Incentive Payment (SIP) Program for the period of their obligation after graduation. You are required to report to the Maritime Administration (MARAD) between **January 1st and March 1st** of each year. Graduates are encouraged to submit their Annual Compliance Report information to MARAD electronically, (<https://mscs.marad.dot.gov>). If submitting the information via the website is not possible the form can be submitted by mail to MARAD, Office of Maritime Workforce Development, MAR-740, 1200 New Jersey Ave, SE, Washington, DC 20590 or to [maritime.graduate@marad.dot.gov](mailto:maritime.graduate@marad.dot.gov) for SIP participants and to [serviceobligation@usmma.edu](mailto:serviceobligation@usmma.edu) for USMMA graduates. Retain a copy for your records.

## PART I

|   |                               |   |
|---|-------------------------------|---|
| 1. U.S. Coast Guard Reference Number:   | 2. Name (Last, First, Middle) | 3. Date of Birth  |
| 4. Address (Street, City, State, and Zip Code)  |                               | 5. E-mail Address(es)<br>Primary:<br>Secondary Email:   |
| 6. Calendar Year Reporting  |                               |   |
| 7. Are you Full Time Active Duty Military? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, select your branch and period of the service and include current unit duty station in Part II - IV. Anticipated Separation Date: |                               |   |
| 8. Are you maintaining your Reserve Commission?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Branch of Service   |                               | 9. Maritime Academy Attended/Year Graduated:  |
| 10. I have transferred to the Selected Reserve status and have affiliated with: <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Unit Reserve Center   |                               |   |
| 11. Have you Renewed or Upgraded your USCG License since last report?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Date of Renewal/Upgrading (Month/Year)  |                               | 12.. Telephone: (Day)<br>(Cell ) ..... (Evening)  |
| 13. U.S. Coast Guard License Serial No.   | 14. Date Issued               | 15. U.S. Coast Guard License(s) Held  |
| 16. Deck <input type="checkbox"/> / Engineer <input type="checkbox"/> License and credential Expiration Date:   |                               |   |
| 17. Have you obtained the following? Common Access Card (CAC)<br>CAC Card <input type="checkbox"/> Yes <input type="checkbox"/> No CAC Reader <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               | 18. Have you obtained a Transportation Workers Identification Card (TWIC)?<br><input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date: _____ |
| 19. Valid Standards of Training, Certification and Watchkeeping (STCW95) endorsements since last report?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> Expiration Date: _____   |                               |   |

**PART II - 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. Add additional information in Part III 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 II to describe employment for the 5 year period after graduation and graduates of State Maritime Academies must complete Part II to describe employment for the 3 year period after graduation. If you have filed annual reports on employment and that obligation is complete, indicate "fulfilled employment" in Part II when reporting on the remaining obligations i.e., USCG license and/or reserve status in Part I.

|   |   |
|---|---|
| <b>A</b> Employer's Name  | Employment Type (Check Only One Box)<br><br><input type="checkbox"/> a. Afloat (See*)<br><input type="checkbox"/> b. Maritime Related Ashore<br><input type="checkbox"/> c. Federal / State Government Maritime Related<br><input type="checkbox"/> d. Non-Maritime<br><input type="checkbox"/> e. Graduate School<br><input type="checkbox"/> f. Unemployed<br><input type="checkbox"/> g. Active Duty Military / NOAA Corps |
| Employer's Address (Number, Street, City, State, Zipcode)   |   |
| Exact Title of Your Position  |   |
| Period Covered (Month/Day/Year)   |   |
| *Vessel (Name and Registry)<br><br><input type="checkbox"/> U.S. <input type="checkbox"/> Foreign |   |

|   |                 |   |
|---|-----------------|---|
| <b>B</b>  | Employer's Name | Employment Type (Check Only One Box)<br><br><input type="checkbox"/> a. Afloat (See*)<br><input type="checkbox"/> b. Maritime Related Ashore<br><input type="checkbox"/> c. Federal / State Government Maritime Related<br><input type="checkbox"/> d. Non-Maritime<br><input type="checkbox"/> e. Graduate School<br><input type="checkbox"/> f. Unemployed<br><input type="checkbox"/> g. Active Duty Military / NOAA Corps |
| Employer's Address ( <i>Number, Street, City, State, Zipcode</i> )  |                 |   |
| Exact Title of Your Position  |                 |   |
| Period Covered ( <i>Month/Day/Year</i> )                            |                 |   |
|   |                 | *Vessel ( <i>Name and Registry</i> )<br><br><input type="checkbox"/> U.S. <input type="checkbox"/> Foreign  |
| <b>C</b>  | Employer's Name | Employment Type (Check Only One Box)<br><br><input type="checkbox"/> a. Afloat (See*)<br><input type="checkbox"/> b. Maritime Related Ashore<br><input type="checkbox"/> c. Federal / State Government Maritime Related<br><input type="checkbox"/> d. Non-Maritime<br><input type="checkbox"/> e. Graduate School<br><input type="checkbox"/> f. Unemployed<br><input type="checkbox"/> 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> )                            |                 |   |
|   |                 | *Vessel ( <i>Name and Registry</i> )<br><br><input type="checkbox"/> U.S. <input type="checkbox"/> Foreign  |

**PART III Describe how your position(s), duties, and responsibilities demonstrate how your employment is maritime-related.**

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

|  |  |                    |
|--|--|--------------------|
| <p style="text-align: center;"><b>CERTIFICATION</b></p> <p>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).</p> | <p><b>Signature (<i>Sign in ink</i>)</b></p> | <p><b>Date</b></p> |
|--|--|--------------------|

**PRIVACY ACT STATEMENT:** 46 CFR 310 authorizes collection of this information. The principal purpose of this information is to determine compliance with Training Agreements and Service Obligation Contracts and status in the US armed forces or Naval Reserve. Routine use is to monitor and update information in MARAD's Maritime Service Compliance System, monitoring system. 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.