



PRIVACY THRESHOLD ANALYSIS (PTA)

This form serves as the official determination by the DHS Privacy Office to identify the privacy compliance requirements for all Departmental uses of personally identifiable information (PII).

A Privacy Threshold Analysis (PTA) serves as the document used to identify information technology (IT) systems, information collections/forms, technologies, rulemakings, programs, information sharing arrangements, or pilot projects that involve PII and other activities that otherwise impact the privacy of individuals as determined by the Chief Privacy Officer, pursuant to Section 222 of the Homeland Security Act, and to assess whether there is a need for additional Privacy Compliance Documentation. A PTA includes a general description of the IT system, information collection, form, technology, rulemaking, program, pilot project, information sharing arrangement, or other Department activity and describes what PII is collected (and from whom) and how that information is used and managed.

Please complete the attached Privacy Threshold Analysis and submit it to your component Privacy Office. After review by your component Privacy Officer the PTA is sent to the Department's Senior Director for Privacy Compliance for action. If you do not have a component Privacy Office, please send the PTA to the DHS Privacy Office:

Senior Director, Privacy Compliance
The Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
Tel: 202-343-1717

PIA@hq.dhs.gov

Upon receipt from your component Privacy Office, the DHS Privacy Office will review this form and assess whether any privacy compliance documentation is required. If compliance documentation is required – such as Privacy Impact Assessment (PIA), System of Records Notice (SORN), Privacy Act Statement, or Computer Matching Agreement (CMA) – the DHS Privacy Office or component Privacy Office will send you a copy of the relevant compliance template to complete and return.



Privacy Threshold Analysis (PTA)

Specialized Template for Information Collections (IC) and Forms

The Forms-PTA is a specialized template for Information Collections and Forms. This specialized PTA must accompany all Information Collections submitted as part of the Paperwork Reduction Act process (any instrument for collection (form, survey, questionnaire, etc.) from ten or more members of the public). Components may use this PTA to assess internal, component-specific forms as well.

Form Number:	CG-719K		
Form Title:	Application for Merchant Mariner Medical Certificate		
Component:	U.S. Coast Guard (USCG)	Office:	CG-MMC

IF COVERED BY THE PAPERWORK REDUCTION ACT:

Collection Title:	Application for Merchant Mariner Credential (MMC), Application for Merchant Mariner Medical Certificate, Application for Merchant Mariner Medical Certificate for Entry Level Ratings, Small Vessel Sea Service Form, DOT/USCG Periodic Drug Testing Form, Disclosure Statement for Narcotics, DWI/DUI, and/or Other Convictions, Merchant Mariner Medical Certificate, Recognition of Foreign Certificate		
OMB Control Number:	1625-0040	OMB Expiration Date:	January 31, 2016
Collection status:	Revision	Date of last PTA (if applicable):	N/A

PROJECT OR PROGRAM MANAGER

Name:	Michael Toth		
Office:	NMC-4 Records Management	Title:	Branch Chief
Phone:	304-433-3729	Email:	Michael.p.toth2@uscg.mil

COMPONENT INFORMATION COLLECTION/FORMS CONTACT

Name:	Anthony Smith		
Office:	CG-612	Title:	PRA Coordinator
Phone:	202-475-3532	Email:	Anthony.D.Smith@uscg.mil



SPECIFIC IC/Forms PTA QUESTIONS

1. Purpose of the Information Collection or Form

The Merchant Mariner Medical Certificate serves as proof that a mariner meets the required medical and physical standards to serve in the capacities specified by the domestic and international endorsements for which they apply. The collection ensures that merchant mariners are qualified in an efficient manner to perform their duties for the purpose of: promoting the safety of life and property at sea, promoting public safety, protecting the marine environment and promoting homeland security.

The Application for Merchant Mariner Medical Certificate contains the following information: signature of applicant and supplementary material required to show that the mariner meets the mandatory requirements for the credential or medical certificate sought; proof of applicant passing all applicable vision, hearing, medical, and/or physical exams; negative chemical test for dangerous drugs; discharges or other documentary evidence of sea service indicating the name, tonnage, propulsion mode and power of the vessels, dates of service, capacity in which the applicant served, and on what waters; and disclosure documentation for narcotics, DWI/DUI, and/or other convictions.

Title 46, Code of Federal Regulations (CFR), parts 10, 11, 12, 13, and 16, and International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the STCW Code, including the STCW Final Rule (Docket No. USCG-2004-17914) published on December 24, 2013.

2. Describe the IC/Form

a. Does this form collect any Personally Identifiable Information” (PII ¹)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. From which type(s) of individuals does this form collect information? (Check all that apply.)	<input checked="" type="checkbox"/> Members of the public <input checked="" type="checkbox"/> U.S. citizens or lawful permanent residents <input checked="" type="checkbox"/> Non-U.S. Persons. <input type="checkbox"/> DHS Employees <input type="checkbox"/> DHS Contractors <input type="checkbox"/> Other federal employees or contractors.
c. Who will complete and submit this form? (Check all that apply.)	<input checked="" type="checkbox"/> The record subject of the form (e.g., the individual applicant).

¹ Personally identifiable information means any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	<input type="checkbox"/> Legal Representative (preparer, attorney, etc.). <input type="checkbox"/> Business entity. If a business entity, is the only information collected business contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Law enforcement. <input type="checkbox"/> DHS employee or contractor. <input checked="" type="checkbox"/> Other individual/entity/organization that is NOT the record subject. <i>Please describe.</i> Medical Examiner
<p>d. How do individuals complete the form? <i>Check all that apply.</i></p>	<input checked="" type="checkbox"/> Paper. <input checked="" type="checkbox"/> Electronic. (ex: fillable PDF) <input type="checkbox"/> Online web form. (available and submitted via the internet) <i>Provide link:</i>
<p>e. What information will DHS collect on the form?</p>	
<p>Record Subject: Full name (including maiden name, if applicable), mailing address, email address, date and place of birth, gender, phone number(s) to include home, work, fax, social security number or mariner reference number, seamen’s medical information, status, and disposition, signature of applicant.</p> <p>Medical Examiner: Full name, license number, phone number, office address.</p>	
<p>f. Does this form collect Social Security number (SSN) or other element that is stand-alone Sensitive Personally Identifiable Information (SPII)? <i>Check all that apply.</i></p>	
<input checked="" type="checkbox"/> Social Security number <input checked="" type="checkbox"/> Alien Number (A-Number) <input type="checkbox"/> Tax Identification Number <input type="checkbox"/> Visa Number <input type="checkbox"/> Passport Number <input type="checkbox"/> Bank Account, Credit Card, or other financial account number	<input type="checkbox"/> DHS Electronic Data Interchange Personal Identifier (EDIPI) <input type="checkbox"/> Social Media Handle/ID <input type="checkbox"/> Known Traveler Number <input type="checkbox"/> Trusted Traveler Number (Global Entry, Pre-Check, etc.) <input type="checkbox"/> Driver’s License Number



<input checked="" type="checkbox"/> Other. <i>Please list:</i> Medical history and exam results. <input type="checkbox"/> Biometrics	
g. List the <i>specific authority</i> to collect SSN or these other SPII elements. 5 U.S.C. 301; 14 U.S.C. 632; 46 U.S.C. 2103, 7302, 7305, 7314, 7316, 7319, 7502, 7701, 8701; 46 CFR 12.02-25; 49 CFR 1.45, 1.46.	
h. How will this information be used? What is the purpose of the collection? Describe <i>why</i> this collection of SPII is the minimum amount of information necessary to accomplish the purpose of the program.	
The purpose of this system is to administer the Commercial Vessel Safety Program to determine domestic and international qualifications for the issuance of seaman credentials with domestic and international endorsements, licenses, documents, and staff officer certifications. The collection ensures that merchant mariners are qualified in an efficient manner to perform their duties for the purpose of: promoting the safety of life and property at sea, promoting public safety, protecting the marine environment and promoting homeland security. This includes establishing eligibility for a merchant mariner's credential, duplicate credential, or additional endorsements issued by the USCG and establishing and maintaining continuous records of the person's documentation transactions.	
i. Are individuals provided notice at the time of collection by DHS (<i>Does the records subject have notice of the collection or is form filled out by third party</i>)?	<input checked="" type="checkbox"/> Yes. Please describe how notice is provided. Privacy Act Statement on form. <input type="checkbox"/> No.

3. How will DHS store the IC/form responses?	
a. How will DHS store the original, completed IC/forms?	<input checked="" type="checkbox"/> Paper. Please describe. Paper files are stored at secure, controlled access sites managed by either Coast Guard personnel or contract personnel with oversight from Coast Guard personnel. Inactive records are stored by NARA at that agency's Federal Records Centers facilities. <input checked="" type="checkbox"/> Electronic. Please describe the IT system that will store the data from the form. Electronic records are stored in the Merchant Mariner Licensing and Documentation System on a secure server at the Coast Guard Operation Systems Center.



	<p><input type="checkbox"/> Scanned forms (completed forms are scanned into an electronic repository). Please describe the electronic repository. Click here to enter text.</p>
<p>b. If electronic, how does DHS input the responses into the IT system?</p>	<p><input checked="" type="checkbox"/> Manually (data elements manually entered). Please describe. Data is entered by either Coast Guard personnel or contract personnel with oversight from Coast Guard personnel.</p> <p><input type="checkbox"/> Automatically. Please describe. Click here to enter text.</p>
<p>c. How would a user search the information submitted on the forms, <i>i.e.</i>, how is the information retrieved?</p>	<p><input checked="" type="checkbox"/> By a unique identifier.² <i>Please describe.</i> If information is retrieved by personal identifier, please submit a Privacy Act Statement with this PTA. Information is retrieved by any combination of the various data elements (e.g. name, address, social security number, and Merchant Mariner Licensing and Documentation System assigned system number).</p> <p><input type="checkbox"/> By a non-personal identifier. <i>Please describe.</i> Click here to enter text.</p>
<p>d. What is the records retention schedule(s)? <i>Include the records schedule number.</i></p>	<p>SSIC 16720</p> <p>Destroy 60 years after last discharge or evidence of death is reviewed, whichever is sooner.</p>
<p>e. How do you ensure that records are disposed of or deleted in accordance with the retention schedule?</p>	<p>Quarterly the Headquarters Support Command (HSC) Records Coordinator (RC) will contact appropriate program managers regarding any of their scheduled records due for destruction. It is essential that owners of records have an opportunity to indicate if subject records might be required for impending litigation or some other need. Even if records have met their specified retention periods, they cannot be destroyed without the</p>

² Generally, a unique identifier is considered any type of “personally identifiable information,” meaning any information that permits the identity of an individual to be directly or indirectly inferred, including any other information which is linked or linkable to that individual regardless of whether the individual is a U.S. citizen, lawful permanent resident, visitor to the U.S., or employee or contractor to the Department.



	concurrence of the program manager having legal custody of the records.
f. Is any of this information shared outside of the original program/office?	
<input type="checkbox"/> Yes, information is shared with other DHS components or offices. Please describe. Click here to enter text. <input checked="" type="checkbox"/> Yes, information is shared <i>external</i> to DHS with other federal agencies, state/local partners, international partners, or non-governmental entities. Please describe. <p>Information may be released to a third party if specific guidance is given to the National Maritime Center (NMC), by the applicant, regarding what issues may be discussed and with whom. The applicant must complete a Third Party Authorization for each entity or individual named.</p> <input type="checkbox"/> No. Information on this form is not shared outside of the collecting office.	



Please include a copy of the referenced form and Privacy Act Statement (if applicable) with this PTA upon submission.



PRIVACY THRESHOLD REVIEW

(TO BE COMPLETED BY COMPONENT PRIVACY OFFICE)

Component Privacy Office Reviewer:	Robert Herrick
Date submitted to component Privacy Office:	August 22, 2017
Date submitted to DHS Privacy Office:	Click here to enter a date.
Have you approved a Privacy Act Statement for this form? (<i>Only applicable if you have received a waiver from the DHS Chief Privacy Officer to approve component Privacy Act Statements.</i>)	<input checked="" type="checkbox"/> Yes. Please include it with this PTA submission. USCG Privacy will work with the program to update the PAS to a Privacy Notice. <input type="checkbox"/> No. Please describe why not. Click here to enter text.
Component Privacy Office Recommendation:	
<p>The Merchant Mariner Medical Certificate serves as proof that a mariner meets the required medical and physical standards to serve in the capacities specified by the domestic and international endorsements for which they apply.</p> <p>The Merchant Mariner Medical Certificate collects name (including maiden name, if applicable), , mailing address, email address, date and place of birth, gender, phone number(s) to include home, work, fax, social security number or mariner reference number, seamen’s medical information, status, and disposition from the record subject. The form also collects name, medical license number, phone number and office address of the medical examiner.</p> <p>This collection is covered by DHS/USCG/PIA-015 Merchant Mariner Licensing and Documentation System and DHS/USCG-030 Merchant Seamen’s Records.</p>	



PRIVACY THRESHOLD ADJUDICATION

(TO BE COMPLETED BY THE DHS PRIVACY OFFICE)

DHS Privacy Office Reviewer:	Riley Dean
PCTS Workflow Number:	1149346
Date approved by DHS Privacy Office:	August 31, 2017
PTA Expiration Date	August 31, 2020

DESIGNATION

Privacy Sensitive IC or Form:	Yes. If "no" PTA adjudication is complete.
Determination:	<input type="checkbox"/> PTA sufficient at this time. <input type="checkbox"/> Privacy compliance documentation determination in progress. <input type="checkbox"/> New information sharing arrangement is required. <input type="checkbox"/> DHS Policy for Computer-Readable Extracts Containing SPII applies. <input checked="" type="checkbox"/> Privacy Act Statement required. <input checked="" type="checkbox"/> Privacy Impact Assessment (PIA) required. <input checked="" type="checkbox"/> System of Records Notice (SORN) required. <input type="checkbox"/> Specialized training required. <input type="checkbox"/> Other. Click here to enter text.
DHS IC/Forms Review:	Choose an item.
Date IC/Form Approved by PRIV:	Click here to enter a date.
IC/Form PCTS Number:	Click here to enter text.
Privacy Act Statement:	Privacy Notice required USCG Privacy should work with the program to update the Privacy Notice as required.
PTA:	Choose an item.



	Click here to enter text.
PIA:	System covered by existing PIA If covered by existing PIA, please list: DHS/USCG/PIA-015 Merchant Mariner Licensing and Documentation System If a PIA update is required, please list: Click here to enter text.
SORN:	System covered by existing SORN If covered by existing SORN, please list: DHS/USCG-030 Merchant Seamen's Records, June 25, 2009 74 FR 30308 If a SORN update is required, please list: Click here to enter text.
DHS Privacy Office Comments: <i>Please describe rationale for privacy compliance determination above.</i>	
<p>USCG is submitting this PTA to discuss the Application for Merchant Mariner Medical Certificate (CG-719K), which is associated with OMB control number 1625-0040. The Merchant Mariner Medical Certificate serves as proof that a mariner meets the required medical and physical standards to serve in the capacities specified by the domestic and international endorsements for which they apply.</p> <p>The application requires the following information be submitted for the record subject: name, mailing address, email address, date and place of birth, gender, phone number (to include home, work, and fax), social security number or mariner reference number, seamen's medical information, status, disposition, and signature of applicant. The following information is collected from a medical examiner: name, license number, phone number, office address. These records are stored in the Merchant Mariner Licensing and Documentation System on a secure server at the Coast Guard Operation Systems Center.</p> <p>The DHS Privacy Office agrees that this form is privacy-sensitive, and PIA and SORN coverage are required.</p> <p>PIA coverage is provided by DHS/USCG/PIA-015 Merchant Mariner Licensing and Documentation System, which outlines the risks of collecting PII in order to manage the issuance of credentials to Merchant Mariners and process merchant mariner applications; the records include the credential, background check, and medical status. SORN coverage is provided by DHS/USCG-030 Merchant Seamen's Records, which allows for the collection of PII to establish eligibility of a merchant mariner's document, duplicate documents, or additional endorsements issued by USCG.</p> <p>USCG Privacy should work with the program to update the Privacy Notice as required.</p>	



**Homeland
Security**

Privacy Office
U.S. Department of Homeland Security
Washington, DC 20528
202-343-1717, pia@hq.dhs.gov
www.dhs.gov/privacy