

APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

----- Instructions -----

Who must submit this form?

1. Applicants seeking a merchant mariner credential (MMC), whether original, renewal, raise of grade, or a new endorsement on a previously issued MMC.
2. Applicants who are seeking a duplicate MMC should use form CG-719D.

Special Requirements for Applicants Under the Age of 18

If the applicant is under 18 years of age, the application must include a statement, signed by a parent or legal guardian, that includes the following:

- a. Applicant's name;
- b. Applicant's Social Security number or mariner reference number;
- c. A statement giving the U.S. Coast Guard (Coast Guard) permission to issue a merchant mariner credential to the applicant; and
- d. Full printed name and signature of the parent or legal guardian (*please specify relationship to applicant*).

General Application Information

General Application Requirements:

An applicant must establish that they satisfy all the requirements for the MMC and endorsement(s) sought before the MMC is issued. A completed application includes submission of all 5 pages of the CG-719B form. The Coast Guard may refuse to process an incomplete MMC application.

1. A quick reference table for the requirements of an MMC and any endorsement can be found in 46 CFR 10.239.
2. **Application Submission** - The completed application may be submitted to a Regional Examination Center or other location designated by the Coast Guard along with any required forms, and supporting documentation.
3. For additional information, detailed instructions for submission, and application assistance, please call the National Maritime Center (NMC) at 1-888-IASKNMC (1-888-427-5662), or visit their website: https://www.dco.uscg.mil/nmc/merchant_mariner_credential/.
4. Information on the regulations and policy referenced in this form can be found on the National Maritime Center website at https://www.dco.uscg.mil/nmc/policy_regulations/.

MMC and Endorsement Application Descriptions:

All qualified applicants will receive a single MMC. The applicant should describe all desired capacities and limitations, both national and International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW); include desired tonnage, waters, propulsion mode, horsepower, ratings (Ordinary Seafarer, Able Seafarer, QMED-Oiler, etc.), purser, doctor, or radio operator, etc.

1. **Original MMC** - An applicant must apply for an original MMC if they have never held any Coast Guard-issued credential, if the previous credential is more than one 1 year past expiration, or if they are seeking their first credential since their previous credential was revoked or surrendered pursuant to 46 CFR part 5. Complete the application and ensure all mandatory documents are submitted with the application.
2. **Renewal MMC** - A credential may be renewed at any time during its validity and for 1 year after expiration; you must be qualified to renew all Domestic/STCW officer and rating endorsements to receive an MMC with a new 5-year expiration date. An MMC renewal-only transaction will automatically be issued with a date that coincides with the expiration date of your previous credential or a date that is 8-months from the time the Coast Guard accepted your application, whichever is sooner. Page 4, Section IV of this form provides you the opportunity to decline this post-dating feature and your MMC will be valid immediately after issuance.
3. **MMC Endorsement(s)** - This is a statement on a mariner's MMC that indicates that the mariner is qualified to serve in that capacity. All endorsements including National officer and National rating endorsements as well as all STCW endorsements (International) are listed in 46 CFR 10.109.
NOTE: Requests for an endorsement(s) will not change the expiration date of a mariner's MMC unless the applicant also requests a renewal MMC and meets the renewal requirements of all endorsements on the MMC in accordance with 46 CFR 10.227.

(a) Raise of Grade (ROG) Endorsement - The requirements for a ROG are found in 46 CFR 10.231. This is an increase in the level of authority and responsibility associated with an existing officer or rating endorsement.

(b) Increase in Scope - The requirements for an increase in scope are found in 46 CFR 10.223. This is a modification or a removal of limitations or scope to existing MMC endorsement(s).

4. **Document of Continuity** - This is a record of qualifications previously held and does not authorize the holder to sail in any capacity listed thereon. Documents of continuity do not expire, do not require medical or security evaluations, and do not require fees. STCW endorsements may not be placed in continuity. No credential expired beyond the 12-month administrative grace period described in 46 CFR 10.227(h) can be converted into a Document of Continuity.

5. **Entry Level Ratings** - There are no professional requirements needed when applying for entry level credential. Ratings may include Ordinary Seafarer, Wiper, and/or Stewards Department / Stewards Department (*Food Handler - F.H.*). Per 46 CFR 10.304(b), applicants requesting Stewards Department (F.H.) will be required to submit a statement from a physician attesting that the applicant is free from communicable disease.

Print Applicant Name: (Last, First, MI.)

Date of Birth: (MM/DD/YYYY)

Section I: Applicant Information

Enter complete legal name. Include any aliases you have used and your maiden or prior name(s).

1. Legal Name

Last	First	Middle	Suffix (Jr., Sr., III)	Alias(es) or Maiden Name(s) (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Provide one: Mariner Reference Number (MRN) OR Social Security number (SSN) (ONLY if you do not have an MRN) OR Alien Registration Number (If you do not have an MRN or an SSN)

3. Date of Birth (MM/DD/YYYY)

4. Citizenship - List country where you hold citizenship

5. Place of Birth

5a. City	5b. State	5c. Country	6. Color of Eyes	7. Color of Hair	8. Height feet in	9. Weight (pounds)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Applicant Address and Contact Information (Please indicate best method(s) of contact by checking the appropriate box(es)).

- 10a. Home Address - Principle place of residence. (P.O. Box is NOT acceptable)

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 10b. Mailing Address - (P.O. Box is acceptable.) Please, provide the address where you want all correspondence sent. If mailing address is left blank, correspondence will be sent to the Home Address.

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 10c. Primary Phone Number (Required)

- 10d. Alternate Phone Number (if available)

- 10e. **Credential Delivery Address** - Please indicate address where you want your credential mailed. If you want your credential mailed to a third party, please list the third party's address here AND provide your consent on page 5, Section VI.

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 10f. **E-mail Address** - (Optional) If provided, the National Maritime Center may attempt to contact you via email, and you will receive automatic e-mail updates regarding the status of your application.

- 10g. **Other means of contact** - Please provide additional means of communicating with you (satellite, phone, work phone, etc.) (Optional).

Next of Kin

11a. Name and Mailing Address of Next of Kin

Street Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

- 11b. Relationship (Optional) Provide relationship status of next of kin listed on application (mother, father or spouse, for example).

- 11c. Primary Phone Number (Required)

- 11d. Alternate Phone Number (Optional)

- 11e. E-mail Address (Optional)

Uniformed Services - Check any that apply. (Optional)

If you are currently serving, or have served as a member of a uniformed service, please check any of the following (12.a. - 12.c) that apply. Also, be aware that members of the uniformed services, including reservists and members of the National Guard, may be eligible for a waiver of fees associated with their application for an MMC. For further information, see 46 CFR 10.219(m).

- 12a. My application includes service within the past 7 years on a vessel of the Armed Forces, Army Corps of Engineers, or National Oceanic and Atmospheric Administration (NOAA).

- 12b. I am currently an active duty or reserve member of the _____

- 12c. I am no longer active duty but my application includes military service.

Section II: Requested Merchant Mariner Credential (MMC) and endorsements (including Certificate of Registry):

Indicate the transaction type for each applicable endorsement category listed below. Then include a description of the endorsement desired in the space below.

Endorsement Category	Transaction Type <i>(Check all that apply; See instructions for definitions and additional requirements for the transaction below)</i>				
	Original	Renewal	Raise of Grade, New Endorsement or Increase in Scope	Certificate of Registry	Document of Continuity*
Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Qualified Rating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
STCW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Entry Level	<input type="checkbox"/>	<input type="checkbox"/>			

*In accordance with 46 CFR 10.227(g), a **Document of Continuity** is NOT valid for service as a merchant mariner and STCW endorsements may not be placed in continuity.

Description of Endorsement(s) Desired: Include all appropriate information - Officer *(i.e. Deck - Master/Mate/Propulsion/Tonnage/Route/United States Registered Pilot OR Engineer Grade - 3rd AE; DDE/Propulsion/Horsepower)* Ratings *(i.e.: Able Seafarer, QMED, Lifeboat Operator)* **(Please Print)**

Section III: Safety and Suitability

1. Transportation Worker's Identification Credential (TWIC): A TWIC is required for applicants who need access to secure areas designated in a vessel's security plan and a facility's security plan by the Maritime Transportation Security Act. Unless specifically exempted, the Coast Guard must have evidence that you hold a valid TWIC or, for original applicants, that you have applied for a TWIC and are awaiting the results.

TWIC EXEMPTION STATEMENT - I have previously applied for a TWIC with the Transportation Security Administration and I am exempt from holding a valid TWIC under Coast Guard Policy Letter 11-15. I understand that a name-based safety and suitability check could significantly delay the processing of my MMC Application. Yes No

2. Criminal Record Review (Convictions and Illegal Drug Use): In accordance with 46 CFR 10.211, the Coast Guard may conduct a criminal record review to determine the safety and suitability of an applicant for an MMC and any endorsements. At the time of application, you must provide a written disclosure of **all prior convictions (including criminal felonies, misdemeanors, and offenses described in 49 USC 30304(a)(3))** NOT previously disclosed to the Coast Guard.

- **Original Applicants are required to list ALL convictions.**
- **Written Disclosures** - Applicants may use form CG-719C to provide written disclosure of all convictions.
- **Conviction** means that the applicant for a merchant mariner credential has been found guilty, by judgment or plea by a court of record of the United States, the District of Columbia, any State, territory, or possession of the United States, a foreign country, or a military court, of a **criminal felony or misdemeanor or of an offense described in section 205 of the National Driver Register Act of 1982, as amended** (49 U.S.C. 30304). If an applicant pleads guilty or no contest, is granted deferred adjudication, or is required by the court to attend classes, make contributions of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court's conviction, then the Coast Guard will consider the applicant to have received a conviction. A later expungement of the conviction will not negate a conviction unless the Coast Guard is satisfied that the expungement is based upon a showing that the court's earlier conviction was in error.

ALL APPLICANTS, except Document of Continuity applicants, must answer questions a - f, below. If you answer Yes to ANY of the questions below, you must disclose the information regarding the conviction or incident. You may complete the form CG-719C to disclose conviction information and you may attach additional sheets to provide information on other "Yes" answers.

- a) **Have you ever been convicted by any court, including military court, for an offense other than a minor traffic violation?** Previously Disclosed Yes No
- b) **Have you ever been convicted of a vehicular crime or boating safety crime?** Previously Disclosed Yes No
- c) **Have you been a user of/or addicted to a dangerous drug, including marijuana, within the last 10 years? (List the drugs used, month/year of last use, and provide the suitability information required in 46 CFR 10.211(l). Dangerous drugs that are prescribed to you and used in a legally prescribed manner do not need to be disclosed here but must be reported on the CG-719K).** Previously Disclosed Yes No

- d) **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?** Previously Disclosed Yes No
- e) **Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test?** Previously Disclosed Yes No
- f) **Have you had a drug test with a result other than negative within the last 10 years?** Previously Disclosed Yes No

Print Applicant Name: *(Last, First, MI.)* , Date of Birth: *(MM/DD/YYYY)*

3. **National Driver Register (NDR) Consent (Mandatory for Original, Renewal, or new Officer Endorsement):** In accordance with 46 CFR 10.213, no MMC will be issued as an original, or reissued with a new expiration date, and no new officer endorsement will be issued, unless the applicant consents to a check of the NDR for offenses described in section 205(a)(3)(A) or (B) of the NDR Act.

a) I authorize the National Driver Register 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.
NOTE: Not required for Document of Continuity applicants.

Applicant Initials

b) I understand the USCG will make the information received from the NDR available for me to review and provide written comment prior to disapproving my application or taking any action against my Merchant Mariner's Credential. Authority: 46 U.S.C. 7101(g), 46 U.S.C. 7302(c), and 46 U.S.C. 7505.

Applicant Initials

Section IV: Applicant Consent and Acknowledgments - Please initial next to any of the following that apply:

1. **Request Harmonization** - I request harmonization of the expiration dates of my MMC and mariner medical certificate. I am including my Application for Medical Certificate, CG-719K, or Application for Medical Certificate, Short Form, CG-719KE, with this submission. See CG-MMC Policy Letter 01-18 (28 February 2018).

Applicant Initials

2. **For Renewal Transactions Only - Request To Waive The Post-Dating Feature:** I request to waive the post-dating feature and to have my MMC issued immediately. I decline having its issuance coincide with the expiration date of my current credential.

Applicant Initials

3. **For Document Of Continuity Applicants:**

I understand that a Document of Continuity is not valid for use in accordance with 46 CFR 10.227 and am aware of the requirements to obtain an MMC. STCW endorsements may not be placed in continuity per 46 CFR 10.227.

Applicant Initials

4. **Consent For Applicants Under The Age Of 18**

I am under 18 years of age and I have attached a statement of parental/guardian consent in accordance with the instructions on page 1 of this application.

Applicant Initials

5. **Mariner Outreach System:** This is an optional program used by the Maritime Administration in the event of a national emergency. Applicant should indicate whether they wish to participate by providing their initials next to only **ONE** of the responses below.

Yes, I would like to participate _____
Applicant Initials

No, I do not want to participate at this time. _____
Applicant Initials

Section V: Applicant Certification and Oath:

Certification and Oath

1. The applicant must sign and date in the space provided below.

2. **Failure to sign and date the application will result in the application being returned. My signature below attests that:**

- I swear or affirm under penalty of perjury that all information provided is true and correct to the best of my knowledge. See 18 U.S.C. 1001.
- I understand an application determined to be fraudulent may result in the denial of my application, even if the fraudulent information was not by itself cause for denial, prosecution, and suspension or revocation of my MMC.
- I do solemnly swear or affirm, without concealment or reservation, that I will faithfully and honestly, according to my best skill and judgment, perform all the duties required by the law and obey all lawful orders of superior officers. See 46 CFR 10.225(c).

Signature of Applicant (NOTE: Applying your electronic signature here will LOCK this form)

Date of Signature (MM/DD/YYYY)

Print Applicant Name:(Last, First, MI.) _____

Date of Birth: (MM/DD/YYYY) _____

Section VI: Applicant's Consent for Release of Information (Optional)

Third Party Authorization (Optional)

If you want the NMC to be able to discuss, release, or receive information/documents regarding your credential application with a third party (*spouse, employer, school, union, etc.*) you must provide specific guidance to the NMC regarding what issues we may discuss and with whom. You may allow release of all information to certain individuals or entities. If you limit the release of certain information, you must be specific by making a selection on the application or by attaching additional documentation. For each selection made, ensure the Name of the Organization or Third Party, Organization, Street Address, City, and Phone Number is completed. If you wish to provide multiple Third Party Releases, attach additional pages as needed. A sample may be found on the NMC website: <http://www.uscg.mil/nmc/>.

- I understand that by checking boxes 1-4 this Section, I authorize the Coast Guard to release information pertaining to my application for MMC to the Third Party or Organization listed below.
- I understand that this authorization is voluntary.
- This authorization will remain in effect for the entire processing of this specific application.
- I understand that I may revoke this authorization at any time prior to its expiration date by notifying the Coast Guard in writing.

1. **Safety and Suitability** - The Coast Guard may release information pertaining to my safety and suitability to the listed Third Party.

Name of Organization or Third Party

2. **Professional qualifications** -The Coast Guard may release information pertaining to my professional qualifications, training, assessments, examinations, and sea service to the listed Third Party.

Organization Point of Contact (if applicable)

3. **Act on my behalf** - I authorize the listed Third Party to act on my behalf in all matters pertaining to the processing of my current USCG credential application. This means that the Coast Guard may correspond and share my information with the listed Third Party; and the Third Party may request agency action on my behalf.

Street Address

City

State

Zip Code

4. **Merchant Mariner Credential Delivery** - I authorize the Coast Guard to deliver my Merchant Mariner Credential to the listed Third Party.

Phone Number

Email Address

Signature of Applicant

Date of Signature (MM/DD/YYYY)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. § 2103, 7101, 7302, 7502; 46 C.F.R. 10.209.

PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

ROUTINE USES: The information is used by authorized USCG personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).

CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information (Including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC, and any endorsement within the MMC

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 this report is 9 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office Of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

Print Applicant Name:(Last, First, MI.)

Date of Birth: (MM/DD/YYYY)