

**DEPARTMENT OF TRANSPORTATION/USCG PERIODIC TESTING  
(FORM CG-719P)**

**Who may submit this form?**

**INSTRUCTIONS:** This form MAY be used to satisfy the requirements for "Periodic Testing Requirements" in accordance with 46 CFR 16.220. If you participate in a United States Coast Guard (Coast Guard) "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details.)

- A complete form requires submission of both pages.
- The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.
- A chemical test result of positive, negative-dilute, canceled, or refusal to test will not be accepted as meeting the requirements of 46 CFR 16.220. (See 46 CFR 16.105).

**Section I: Applicant Attestation**

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation (DOT) procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both; and suspension or revocation of my merchant mariner credential (MMC).

Legal Name: Last  First  Middle  Date of Birth (MM/DD/YYYY)

Provide one:  Mariner Reference Number (MRN) OR  Social Security Number (SSN) (ONLY if you do not have an MRN)

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

Date of Signature (MM/DD/YYYY)

**Section II: Name of Drug Testing Laboratory (must be certified by the National Laboratory Certification Program)**

Provide the name of the laboratory that analyzed the specimen. The lab must be certified to participate in DOT drug testing in accordance with 49 CFR 40.81.

Name  Street Address  City  State  Zip Code

**Section III: Review of Lab Results (To be completed by the Medical Review Officer (MRO))**

Date Specimen Collected (MM/DD/YYYY)

The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, subpart G, and the verified test results are: (CHECK ONE)

Was the specimen analyzed for all of the following, in accordance with 49 CFR 40.85? Yes  No

- Marijuana metabolites
- Cocaine metabolites
- Amphetamines
- Opioids
- Phencyclidine (PCP)

- NEGATIVE
- NEGATIVE - DILUTE
- CANCELED or
- POSITIVE, and/or REFUSAL to TEST BECAUSE of ADULTERATION or SUBSTITUTION

(Please complete the next block for all non-negative results)

**FOR POSITIVE, CANCELED, or REFUSAL to TEST BECAUSE OF ADULTERATION or SUBSTITUTION DRUG TESTS ONLY:** (To be reported to the nearest Coast Guard Sector or Unit). (Please print)

This specimen is verified POSITIVE for:

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT:

The test was CANCELED because (insert reason):

**SECTION IV: Medical Review Officer Verification Statement (All information is required)**

I certify that I meet qualifications for a Medical Review Officer as outlined in 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with 49 CFR 40 subpart G.

Signature of MRO (MRO signature stamp is authorized for negative results only)

Date of Signature (MM/DD/YYYY)

Name of MRO Qualifying Organization  Registration Number Issued by Qualifying Organization:

Printed Name of MRO: Last  First  Middle  Phone

Street Address  City  State  Zip Code

<b>REQUIREMENTS</b>	For all transactions EXCEPT Documents of Continuity, duplicates, modification of national endorsements other than raise of grade, and STCW endorsements, the applicant must meet one of the following options:
<b>OPTION I</b>	<p>Submit evidence of passing a chemical test for dangerous drugs:</p> <ul style="list-style-type: none"> <li>• A DOT Chemical test conducted within the past 185 days by a laboratory certified to perform DOT testing by the Department of Health and Human Services under the National Laboratory Certification Program (NLCP).</li> <li>• COLLECTION of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in 49 CFR part 40 subpart C.</li> <li>• It is CRITICAL that the sample is sent to an NLCP certified laboratory for ANALYSIS or the drug test is invalid.</li> <li>• The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.</li> </ul>
<b>OPTION II</b>	<p>Provide satisfactory evidence that the applicant has passed a chemical test for dangerous drugs, required under 46 CFR part 16, within the previous 6 months with no subsequent positive drug tests during the remainder of the six-month period:</p> <p><b>EXAMPLE:</b> An ORIGINAL, DATED letter on company letterhead, signed by a company official, stating that they hold evidence that <i>APPLICANT'S NAME/SSN</i> has passed a chemical test for dangerous drugs required under 46 CFR part 16 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.</p>
<b>OPTION III</b>	<p>Provide satisfactory evidence that the applicant has during the previous 185 days been subject to a random testing program required by 46 CFR 16.230 for at least 60 days and did not fail or refuse to participate in a chemical test for dangerous drugs:</p> <p><b>EXAMPLE (From Mariner Employers):</b> An ORIGINAL, DATED letter on company letterhead, signed by a company official, stating that they hold evidence that <i>APPLICANT'S NAME/SSN</i> has been subject to a random testing program meeting the criteria of 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.</p> <p><b>EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):</b> An ORIGINAL, DATED letter on the organization's letterhead, signed by an organization official, stating that they hold evidence that <i>APPLICANT'S NAME/SSN</i> has been subject to a random testing program for at least 60 days of the previous 12 months and applicant has not failed nor refused to participate in a chemical test for dangerous drugs during, or subsequent to, the 60 day period.</p>

**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 CFR 10.209(h) and 16.101.

**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 5 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)