

**SMALL VESSEL SEA SERVICE FORM (FORM CG-719S)**

For Service on Vessels of Less Than 200 Gross Register Tons Only  
*If documenting service on more than one vessel, Complete a Separate Form For Each Vessel*

**Section I: Applicant Information**

Name Last	First	Middle	Date of Birth (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Vessel Name	Official number(s) listed on the registration, certificate, or document
<input type="text"/>	<input type="text"/>

Vessel Gross Tons (If Tow Vessel, use aggregate tons of tug & barge)	Length Feet	Inches	Width (if known) Feet	Inches	Draft (if known) Feet	Inches
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail) & Power (Horsepower or Kilowatts)	Served As (Master/Mate/Operator/Deckhand/Engineer/etc.)
<input type="text"/>	<input type="text"/>

Name of Body (or Bodies) of Water Upon Which Vessel was Underway (Geographic Locations and/or Routes)

**Section II: Applicant Signature and Verification**

**Applicant Attestation – Applicant Please Read Before Signing!**

- Owners of vessels may attest to their own experience and must **PROVIDE PROOF OF OWNERSHIP** per 46 CFR 10.232.
- Those who do not own their own vessel must obtain letters or other evidence of experience from licensed personnel or the owners of the vessels listed per 46 CFR 10.232.

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I swear or affirm under penalty of perjury that all information provided is true and correct to the best of my knowledge. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature of Applicant (NOTE: Applying your electronic signature here will LOCK this form.)	Date of Signature (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

**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 15 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.

**Section III: Record of Underway Service**

Vessel Name	Official number(s) listed on the registration, certificate, or document
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>

In the block under the appropriate month, write in the number of days you served for that year (*you can show more than one year*)

January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days

Total number of days served on this vessel:	<input style="width:95%" type="text"/>	Number of days served on Great Lakes:	<input style="width:95%" type="text"/>
Average hours underway (per day):	<input style="width:95%" type="text"/>	Number of days served on (Inland/Western Rivers) waters shoreward of the boundary line as defined in 46 CFR part 7:	<input style="width:95%" type="text"/>
Average distance offshore:	<input style="width:95%" type="text"/>	Number of days served on (Near Coastal/Oceans) waters seaward of the boundary line as defined in 46 CFR part 7:	<input style="width:95%" type="text"/>

**Section IV: Attestation of Vessel Owner or Licensed Personnel**

**Please read before signing!** I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature and Title of Person Attesting to Experience	Date of Signature (MM/DD/YYYY)
<hr style="border: none; border-top: 1px solid black; width: 100%;"/>	<input style="width:95%" type="text"/>

Printed Name, Address and Phone Number of Person Attesting to Experience

Last	First	Middle	Street Address
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Title	City	State	Zip Code
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>
Email Address (Optional)	Phone		
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>		

Print Applicant Name: (Last, First, MI.):	Date of Birth (MM/DD/YYYY)
<input style="width:95%" type="text"/>	<input style="width:95%" type="text"/>