



**DEPARTMENT OF THE NAVY**  
MILITARY SEALIFT COMMAND  
AFLOAT PERSONNEL MANAGEMENT CENTER  
P.O. BOX 120  
VIRGINIA BEACH, VA 23458-0120

IN REPLY REFER TO:

12410  
Ser APMC-14/1572  
01 October 2004

MEMORANDUM

From: Director, Afloat Personnel Management Center  
To: All Masters

Subj: ABLE BODIED SEAMAN UPGRADE PROGRAM

Encl: (1) MSC Training Information Bulletin 01-04 (Sep 2004)

1. The Training Division of the Afloat Personnel Management Center has assembled enclosure (1) as a ready reference guide for our Ordinary Seamen participating in the AB Upgrade Program. An electronic version of the bulletin was distributed previously. This document is also posted on the MSC website.

2. Carl Henderson, AB Upgrade Program Coordinator, Training Division remains my POC. Mr. Henderson can be reached at (757) 417-4223 or via E-mail [carl.henderson@navy.mil](mailto:carl.henderson@navy.mil).

  
PHYLLIS B. SPANO

Copy to:  
Customer Support Unit East/West  
Training Center East/West  
Marine Placement Department

# **MSC TRAINING INFORMATION BULLETIN 01-04**

## **Able Bodied Seaman Upgrade Program**



**September 2004**

**Prepared by: Military Sealift Command,  
Afloat Personnel Management Center Training Division**

*This Bulletin replaces in its entirety MSC Training Information Bulletin 02-03 of July 2003.*

**IMPORTANT NOTE: This Bulletin replaces in its entirety MSC Training Information Bulletin 02-03 of July 2003.**

**Enclosures:**

1. Application for License and Merchant Mariner's Document (CG-719B, Rev 11/02)
2. Merchant Marine Personnel Physical Examination Report (CG-719K, Rev 1/02)
3. Authorization to Release Information Form Letter
4. Request Pertaining to Military Records (SF-180)
5. List of USCG Regional Examination Centers
6. AB Upgrade and RFPNW/STCW Application Check-Off List

**I. Introduction:**

The Afloat Personnel Management Center (APMC) has developed this Training Information Bulletin to provide the necessary information and guidance to shipboard managers, MSC Ordinary Seamen (OS) and their Marine Placement Specialist regarding the Able Bodied Seaman (AB) Upgrade Program. It provides the training requirements, policies and application procedures for participation in the program.

The MSC AB Upgrade Program offers a career opportunity and promotion path for deserving Ordinary Seamen. The APMC has developed this internal "grow our own" AB Upgrade Program to help fill shortages of ABs in the Fleet.

**II. The MSC AB Upgrade Program:**

a. Program Coordinator: the APMC Training Division (APMC-14) centrally manages The MSC AB Upgrade Program. The Program Coordinator will:

- Work closely with the Chief Mates and OS Marine Placement Specialist and review the applicant's training history, deck sea time and endorsements and recommend paths to satisfy any shortfalls.
- Request and coordinate all required training associated with the upgrade; this may include arranging some or all of the travel items such as orders, travel advance, rental car/shuttles, lodging, directions and delivery of travel orders and tickets.
- Maintain a file for each applicant and assist OS with processing, submitting and tracking their applications for their new documents and endorsements.
- Review the application for completeness and accuracy, then forward it to the USCG REC via certified mail or FedEx.
- Work jointly with the APMC STCW/RFPNW Program Coordinator to obtain and include the STCW/RFPNW Program Certificate in the AB Upgrade application package.

b. **Entry into the Program:** Prospective AB Upgrade Program participants must be recommended by their OS Marine Placement Specialist or shipboard supervisor. They must have either the MSC STCW/RFPNW Program Certificate or the USCG Standards of Training, Certification and Watch keeping (STCW) Rating Forming Part of a Navigation Watch (RFPNW) endorsement on their STCW form, without restrictions, and meet the minimum sea service requirements specified below.

In cases where the employee is very close to completing the STCW RFPNW assessments and the other requirements for AB, the APMC may make an exception for scheduling purposes and allow that person to attend the AB upgrade training course before they've obtained the MSC STCW RFPNW Program Certificate or STCW RFPNW endorsement. However, in such cases, it should be clear that the circumstances that precluded the employee from obtaining the Program Certificate or STCW endorsement were beyond the control of the employee.

The purpose of requiring Ordinary Seaman to obtain the MSC STCW RFPNW Program Certificate or USCG STCW RFPNW endorsement beforehand helps ensure that the Command has a pool of certified OSs. These seamen may be used to fill positions that need not be AB, but require USCG STCW RFPNW endorsements for watch standing. These positions are found on some USCG Certificates of Inspection where they are generally referred to as "Specially Trained Ordinary Seaman."

c. **Required Sea Service:** Mariners approved for this training shall have a minimum of eight (8) months deck sea service experience and be in a position to attain the balance of four (4) months or less within one year of course completion. Applicants need 360 days minimum deck sea service to be considered for upgrade to AB (Special). Note that some MSC vessels are low-optempo and the USCG will credit service only at a rate of 60%.

d. **Required training:** All AB Upgrade Program associated training requests must be submitted by the OS Marine Placement Specialist while assigned to the POOL and from designated officers onboard the assigned ship. The training will be coordinated through the APMC AB Upgrade Program Coordinator. The successful applicant must complete the following United States Coast Guard (USCG) approved courses and submit their certificates, fees and other required documents to the APMC AB Upgrade Program Coordinator, prior to their expiration, so the Coordinator can submit the completed application to the USCG Regional Examination Center (REC):

- Able Bodied Seaman Course
- STCW Lifeboatman Proficiency in Survival Craft Course
- Four STCW Basic Safety Training (BST) courses
  - ✓ Basic Fire Fighting
  - ✓ Personal Survival
  - ✓ Elementary First Aid
  - ✓ Personal Safety & Social Responsibility

Note: The MSC RFPNW course is not a requirement although most mariners will attend in the process of obtaining their STCW RFPNW MSC Program Certificate and USCG endorsement. By completing the course the OS will only need to stand 120 hours or watch standing, vice 360 hours, which must be documented in their MSC RFPNW Work and Record Book. Refer to MSC Training Information Bulletin 1-01(Revised March 03).

e. AB and Life boatman PSC Course Certificates Valid Period: They remain valid for one year only. If later, the AB and Lifeboat PSC certificates are about to expire before the mariner obtains the AB (Special) endorsement, contact the APMC Training Division for advice. One option is to obtain the AB (OSV) MMD and endorsements, which does not allow OS to be eligible for promotion, but it will keep the two certificates from expiring and requiring the OS to retake all of the training. Once they complete all other requirements they can reapply on their own for AB (Special) MMD and then submit an application to APMC for promotion when positions are announced.

f. Training Sources: Normally, courses will be scheduled at MSC training facilities. All courses are USCG approved and include the certificate and will not require the mariner to test at the USCG REC. When MSC courses are unavailable, alternate USCG approved schools can be considered.

g. Special Group AB Upgrade Training Requests:

- Off-site (remote) - should be originated 90 days in advance with the APMC Training Director to allow time for proper planning and logistics.
- Groups from one or more ships – submit to the AB Upgrade Program Coordinator to set up AB Upgrade classes during special timeframes to meet the special shipboard training needs and operating schedules.

**III. USCG AB UPGRADE and STCW RFPNW Endorsement Application Package Requirements:**

The AB Upgrade application package must include all of the items listed below. The AB Upgrade candidate must complete all of the USCG requirements and then submit their application package to the AB Upgrade Program Coordinator. Once the package is determined to be complete, the Program Coordinator will forward to the USCG REC via certified mail or FedEx.

✓	Item to Submit	Enclosure No.
	Application (CG-719B, Rev 11/02)	1
	Physical Examination Report (CG-719K, Rev 1/02)	2
	Release of Information Authorization Letter	3
	Sea Service Letter(s) (MSC or Others)	
	MSC Drug Free Workplace Letter	
	Copy of OS MMD – Front & back sides	
	Copy of Passport Book	
	Four (4) Passport Photographs	
	AB Course Certificate	
	STCW PSC/Lifeboat Course Certificate	
	STCW BST Basic Firefighting Course Certificate	
	STCW BST Personal Safety and Social Responsibility Course Certificate	
	STCW BST Personal Survival Course Certificate	
	STCW BST Elementary First Aid Course Certificate	
	MSC STCW RFPNW MSC Program Certificate (RFPNW Course Certificate, if needed) OR USCG STCW RFPNW Endorsement	
	Check/Money Order for \$140	

**Note: Only submit “certified to be true copies” of certificates and documents.**

Specific information on the elements of the application package are provided below:

a. **Application:** Each mariner seeking an AB (Special) or higher endorsement must complete an ORIGINAL USCG application form. An application is included as Enclosure (1). Applicants MUST submit their entire AB Upgrade application package through the APMC AB Upgrade Program Coordinator, to ensure that the package is completed properly and will assist the applicant with any questions or concerns. It is the responsibility of the applicant to prepare the application form properly and to submit all required Enclosures. Documentation must be attached to application for each “yes”



answer in Section III. Such documentation may include certified copies of court or legal proceedings, DMV records or hand written or typed and signed/dated statements clarifying the resolution of the incident(s). The most important point here is to tell the truth on your application and in your statements. A criminal record does not necessarily mean you will be denied an AB MMD. The USCG will evaluate each application on a case-by-case basis. However, failure to truthfully answer questions on the application will result in denial of the application and could lead to criminal prosecution for fraudulent application by MSC or the USCG. **The application is valid at USCG for one year from date of receipt.** If not approved before the application has expired, it will be necessary to reapply.

b. **Physical Examination Report:** All AB Upgrade applicants are required to submit an ORIGINAL Merchant Mariner Physical Examination Report (CG-719K, rev 1/02). A copy is included as Enclosure (2). A U.S. licensed physician, physician's assistant or nurse practitioner should complete the document **within six months of the application.** USCG delays in approving applications are typically the result of incomplete physical examination reports. For example, Section VI addresses medications. Physicians will often forget to include a statement regarding whether or not the applicant is experiencing side effects from prescribed medications. If side effects are experienced, they must be listed. If no side effects are experienced, then a statement to that effect must be included. **OS must sign and date report.**

Occasionally, an applicant may not meet the vision, hearing, or general physical condition required for an AB MMD. This does not automatically cause an applicant to be denied an MMD. Upon request of the examining physician, the Commandant of the U.S. Coast Guard may grant a physical waiver if extenuating circumstances warrant special consideration. Applicants should submit this request to the REC to be forwarded to USCG headquarters for approval. Waivers are not normally granted to applicants with insulin dependent or poorly controlled diabetes, applicants on psychotropic medication, or applicants with any disease, which may result in the gradual deterioration in the performance of their duties or compromise shipboard safety at sea.

c. **Release of Information Authorization:** Complete this ORIGINAL letter with full name, social security number, REC requested, date and signature (see Enclosure (3)) for the application package. This letter allows the APMC AB Upgrade Program Coordinator to assist in obtaining your AB MMD by telling the USCG it is permissible to disclose information to APMC Training Division, about your application status.

e. **Sea Service Letters:** The documentation of sea service may be demonstrated by any combination of the following methods, to document the minimum of 360 days deck sea time, which is determined acceptable by the USCG not MSC:

- ◆ **MSC sea service:** An ORIGINAL letter covering MSC deck sea service will be obtained from the APMC Processing Branch by the AB Upgrade Program Coordinator in the APMC-14 Training Division. Only the deck sea time will be creditable for the AB sea service requirement (minimum of 360 days deck sea time required).

- ◆ **Commercial sea service:** ORIGINAL Certificates of Discharge to Merchant Seaman (CG-718A) are acceptable proof of sea service by USCG. Letters from maritime companies on original company letterheads and signed by an authorized company official are also acceptable proof of sea service.
- ◆ **Military and Foreign Vessel sea service:** An applicant who has obtained qualifying experience on military/foreign vessels shall submit satisfactory documentary evidence of such service that is subject to evaluation by the Coast Guard. Satisfactory evidence of military sea service must be an official Transcript of Military Sea Service or certified History of Assignments. Military personnel who have been separated from active duty may obtain these records by completing a Request Pertaining to Military Records (Form SF-180; see Enclosure (4)) and mailing it to the appropriate service address. You must indicate the name of each vessel you have served on, when you reported aboard and departed each vessel, and the rank/rating held while attached to each vessel. Military sea service is normally credited at a rate of 60% of the total time on board a vessel, unless the applicant is able to substantiate a higher percentage of underway time. Foreign sea service should include any necessary translation into English.

Notes: (a) The DD-214 is not sufficient evidence of sea service; (2) **Do not send** the SF-180 request form to the Regional Examination Center or APMC.

e. **Periodic Screening for Illegal Drugs:** The AB Upgrade Program Coordinator, APMC-14 Training Division will obtain the ORIGINAL “Drug Free Letter” from the MSC APMC DFWP Coordinator, which must be **completed and dated within 6 months of the application**. The will state that the employee currently occupies a Testing Designated Position with APMC. Pursuant to 46 CFR 16.230 has been subject to random testing for the past 60 days and during the previous 185 days, and has not failed or refused a chemical test for dangerous drugs.

f. **OS MMD Copy:** Produce and submit a certified to be true copy of BOTH sides of your current MMD.

g. **Passport Book Copy of Photo page:** This certified to be true copy is used by the USCG to initiate the National Security Check.

h. **Passport Photographs:** Two to four are required. Two passport size photographs must be submitted for issuance of your new AB MMD. Two additional ones are required if you are applying for the AB STCW RFPNW endorsement at the same time.

i. **Course Certificates:** Certified copies of the course certificates listed below are required.

- a. Able Bodied Seaman
- b. STCW PSC/Lifeboat
- c. STCW BST Basic Firefighting
- d. STCW BST Personal Safety and Social Responsibility



- e. STCW BST Personal Survival
- f. STCW BST Elementary First Aid

j. **STCW Rating Forming Part of a Navigational Watch:** The application package must contain documentation of completing the requirements for the AB STCW RFPNW endorsement. Enclose either a certified to be true copy of the MSC STCW RFPNW Program certificate or the USCG OS STCW RFPNW endorsement without any restrictions. Refer to MSC Training Information Bulletin 1-01 (Revised March 03) or more current revision, for the requirements and procedures to obtain this mandatory endorsement.

k. **Administrative Application Fee:** The current USCG AB Upgrade application fee is \$140.00, which is subject to change. The STCW RFPNW endorsement is issued free of charge. Checks or Money Orders may be made payable to the **U.S. COAST GUARD REC**. Temporary checks and travelers checks will not be accepted by the USCG.

As of the date of this publication, MSC is not allowed to pay for fees charged by the USCG for license or document renewals and upgrades. However, this may change to allow reimbursement of fees and specific guidance will be promulgated when approved.

#### **IV. Receipt of documents and application for promotion:**

a. Issuance of AB MMD: If all the above is found in order, the USCG will issue the AB MMD along with the AB STCW RFPNW endorsement. The two documents must be issued in person at the REC, because the USCG must process and fingerprint each individual for national security reasons. Applicants are responsible for all associated travel costs to/from the issuing REC. Issuance through the mail is no longer permitted. The mariner is responsible for immediately sending copies of the front/back sides of the new AB MMD and AB STCW RFPNW endorsements to the OS Placement Officer at the APMC.

b. Promotion Process: All CIVMARS with the required AB endorsement and STCW certificate who are interested in promotion to Able Seaman must submit a promotion application through the APMC's Merit Promotion Program. Notification on how to apply for promotion will be provided to the fleet through promotion opportunity announcements.

#### **V. Additional information on the USCG requirements:**

Should you need additional information regarding the USCG application requirements, please check with the local USCG Regional Examination Center (see Enclosure (5)). Another source is the USCG Internet web site: <http://www.uscg.mil/stcw/index.htm>

**VI. APMC Training Division's Point of Contact:**

Your APMC point of contact for AB Upgrade/RFPNW training is Carl D. Henderson; Carl.Henderson@navy.mil, (757) 417-4223, DSN 537-4223, at APMC office location Bldg. 236, 2<sup>nd</sup> Floor.

Send AB Upgrade applications to either of the below addresses:

First Class Mailing address:

Carl D. Henderson  
AB Upgrade Program Coordinator  
Military Sealift Command  
Afloat Personnel Management Center (APMC-14)  
Attn: Training Div.  
P.O. Box 120  
Virginia Beach, VA 23458-0120

Express Mail/FedEx Mailing address:

Carl D. Henderson  
AB Upgrade Program Coordinator  
Military Sealift Command  
Afloat Personnel Management Center (APMC-14)  
Attn: Training Div.  
Bldg. 241, "B" Street, Camp Pendleton  
Virginia Beach, VA 23451

**Application for License as an Officer, Staff Officer, or  
Operator and for Merchant Mariner's Document**

**Section I - Personal Data** (For CG Use Only) Date Application Received

Name (Last, First, Middle) (Maiden Name if applicable)		Social Security Number	
Date of Birth (Month, Day, Year) ____/____/____	Place of Birth (City, State, Country)		Country of Citizenship
Color of Eyes	Color of Hair	Height _____ ft _____ in	Weight _____ lbs
Mailing Address, City, State, Zip Code (PO Boxes are acceptable)		Phone Number ( ) -	
		FAX Number ( ) -	
		E-mail Address	
Next of Kin's Name and Mailing Address, City, State, Zip Code		Relationship	
		Next of Kin's Phone Number ( ) -	
		Next of Kin's E-mail Address	

**Parental or Guardian's Consent**  
 I am under 18 years old and a notarized statement of parental/guardian consent is attached.

**Section II - Type of Transaction**

Transaction	Original	Renewal	Raise in Grade	Endorsement	Duplicate*
<input type="checkbox"/> License	<input type="checkbox"/>				
<input type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>				
<input type="checkbox"/> STCW Certificate	<input type="checkbox"/>				
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>				
<input type="checkbox"/> Certificate of Discharge Sea Service					

**\*If requesting a duplicate for a lost or stolen License/MMD attach a signed statement explaining how, when and where your credentials were lost or stolen and your efforts to recover them.**

**Applying for:**  
 Grade of License (include tonnage, waters, propulsion mode, horsepower, etc.); or MMD rating (Able Seaman, QMED-Oiler, etc.)

State Current or Previous License/Merchant Mariner's Document		
Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue

**Application for License as an Officer, Staff Officer, or  
Operator and for Merchant Mariner's Document**

**Section III - Narcotics, DWI/DUI, and Conviction Record** Conviction means found guilty by judgment or by plea and includes cases of deferred adjudication (no contest, adjudication withheld, etc.) or where the court required you to attend classes, make contribution of time or money, receive treatment, submit to any manner of probation or supervision, or forgo appeal of a trial court finding. Expunged convictions must be reported unless the expungement was based upon a showing that the court's earlier conviction was in error.

Yes (X)	No ( )	Indicate your answers to the following questions; sign and date at the bottom of this section.
		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? (This includes marijuana.) <i>(If yes, attach statement)</i>
		Have you ever been a user of/or addicted to a dangerous drug, including marijuana? <i>(If yes, attach statement)</i>
		Have you ever been convicted by any court – including military court – for an offense other than a minor traffic violation? <i>(If yes, attach statement)</i>
		Have you ever been convicted of: 1) A traffic violation arising in connection with a fatal traffic accident; 2) Reckless driving or racing on the highway; or 3) Operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? <i>(If yes, attach statement)</i>
		Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? <i>(If yes, attach statement)</i>
		Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? <i>(If yes, attach statement)</i>
		Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? <i>(If yes, attach statement)</i>

**I have attached a statement of explanation for all areas marked "yes" above. I signed this section with full understanding that a false statement is grounds for denial of the application as well as criminal prosecution and financial penalty. I understand that failure to answer every question will delay my application.**

 Signature of Applicant agreeing to the above statement	Date
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**Section IV – Character References (For Original License Applicants Only)**

I am an Original License Applicant and have attached three letters of written recommendation

**Section V - Mariner's Consent**

**National Driver Registry (NDR) (Mandatory):** I authorize the National Driver Registry 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. I understand the USCG will make the information received from the NDR available to me for review and written comment prior to taking any action against my License or Merchant Mariner's Document. Authority: 46 U. S. C. 7101(g) and 46 U. S. C. 7302(c).

 Signature of Applicant	Date
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**Mariner's Tracking System (Optional):** I consent to voluntary participation in the Mariner's Tracking System to be used by the Maritime Administration (MARAD) in the event of a national emergency or sealift crisis. In such an emergency, MARAD would disseminate my contact information to an appropriate maritime employment office to determine my availability for possible employment on a sealift vessel. Once consent is given, it remains effective until revoked in writing. Send signed notice of revocation to the USCG National Maritime Center (NMC-4A), 4200 Wilson Blvd., Suite 630, Arlington, VA 22203-1804

 Signature of Applicant	Date
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**Section VI - Certification and Oath**

**Certification (Mandatory)**

Whoever, in any manner within the jurisdiction of any department or agency of the United States, knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, violates the U. S. Criminal Code at Title 18 U. S. C. 1001 which subjects the violator to Federal prosecution and possible incarceration, fine or both.

I certify that the information on this application is true and correct and that I have not submitted any application of any type to the Officer-in-Charge, Marine Inspection in any port and been rejected or denied within 12 months of this application.

<input checked="" type="checkbox"/> Signature of Applicant agreeing to the above statement	Date
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**Oath (For originals only. Coast Guard official must witness applicant signature.)**

I do solemnly swear or affirm that I will faithfully and honestly, according to my best skill and judgment, and without concealment and reservation, perform all the duties required of me by the laws of the United States. I will faithfully and honestly carry out the lawful orders of my superior officers aboard a vessel.

<input checked="" type="checkbox"/> Signature of Applicant	Date	Signature of Coast Guard Official	Date
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**U.S. Coast Guard Use Only**

**Section VII – REC Application Approval**

Signature of Approving Official	REC	(Application has been approved on this date) Date
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**Section VIII – REC Citizenship Verification & Credential Issuance**

Indicate Proof of Citizenship below (For non U.S. also include I.N.S. Alien Registration #)

License Endorsement(s) Issued	Document Rating(s) Issued

Issue Number	License Serial Number	MMD Serial Number
Expiration Date	Expiration Date	

Check box if corresponding STCW certificate was issued.

Signature of Issuing Official	REC	Date
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**Section IX – NMC Verification of Duplicate Transactions**

Ratings/Endorsements Authorized

  
  
  
  
  
  
  
  
  
  

Signature of Approving NMC Official: \_\_\_\_\_ Date: \_\_\_\_\_

## Application for License as an Officer, Staff Officer, or Operator and for Merchant Mariner's Document

### PRIVACY ACT STATEMENT

In accordance with 5 U. S. C. 552a(e)(3), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. AUTHORITY WHICH AUTHORIZED THE SOLICITATION OF INFORMATION
  - A. 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502
  - B. SEE 46 CFR PARTS 10 AND 12.
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED.
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT, DUPLICATE DOCUMENTS, OR ADDITIONAL ENDORSEMENTS ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSONS DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
3. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION:
  - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
  - B. TO ENABLE ELIGIBLE PARTIES (*i.e. the mariner's heirs or properly designated representative*) TO OBTAIN INFORMATION.
  - C. TO PROVIDE INFORMATION TO THE U.S. MARITIME ADMINISTRATION FOR USE IN DEVELOPING MANPOWER STUDIES AND TRAINING BUDGET NEEDS.
  - D. TO DEVELOP INFORMATION AT THE REQUEST OF COMMITTEES OF CONGRESS.
  - E. TO PROJECT BILLET ASSIGNMENTS AT COAST GUARD MARINE INSPECTION/SAFETY OFFICES.
  - F. TO PROVIDE INFORMATION TO LAW ENFORCEMENT AGENCIES FOR CRIMINAL OR CIVIL LAW ENFORCEMENT PURPOSES.
  - G. TO ASSIST U.S. COAST GUARD INVESTIGATING OFFICERS AND ADMINISTRATIVE LAW JUDGES IN DETERMINING MISCONDUCT, CAUSES OF CASUALTIES, AND APPROPRIATE SUSPENSION AND REVOCATION ACTIONS.
4. WHETHER OR NOT DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR VOLUNTARY (Required by law or optional) AND THE EFFECTS ON THE INDIVIDUAL, IF ANY, OF NOT PROVIDING ALL OR PART OF THE REQUESTED INFORMATION IS VOLUNTARY, DISCLOSURE OF THIS INFORMATION IS VOLUNTARY, BUT FAILURE TO PROVIDE MAY RESULT IN NON-ISSUANCE OF THE REQUESTED DOCUMENT(S).

"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 Coast Guard estimates that the average burden for this report is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-CIM), U. S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503."

## Instructions

### If you are applying for:

1. **ORIGINAL LICENSE AND/OR QUALIFIED RATING DOCUMENT** (i.e., *First Rating* of Able Seaman, Qualified Member of the Engine Department, and Tankerman) – Submit this report, completed by your physician.
2. **RENEWAL OF LICENSE AND/OR QUALIFIED RATING DOCUMENT** – You may:
  - Submit this report, completed by your physician; **or**
  - Submit a certification by a physician in accordance with Title 46, CFR, 10.209(d) or 12.02-27(d).
3. **RAISE-IN-GRADE (LICENSES)** – You may:
  - Submit this report, completed by your physician; **or**
  - Submit a certification by a physician in accordance with Title 46, CFR, 10.207(e).

## Instructions for Licensed Physician / Physician Assistant / Nurse Practitioner

The U. S. Coast Guard requires a physical examination / certification be completed to ensure that all holders of Licenses and Merchant Mariner Documents are physically fit and free of debilitating illness and injury. Physicians completing the examination should ensure that mariners:

- Are of sound health.
- Have no physical limitations that would hinder or prevent performance of duties.
- Are physically and mentally able to stay alert for 4 to 6-hour shifts.
- Are free from any medical conditions that pose a risk of sudden incapacitation, which would affect operating, or working on vessels.

Below is a partial list of physical demands for performing the duties of a merchant mariner in most segments of the maritime industry:

- Working in cramped spaces on rolling vessels.
  - Maintaining balance on a moving deck.
  - Rapidly donning an exposure suit.
  - Stepping over doorsills of 24 inches in height.
  - Opening and closing watertight doors that may weigh up to 56 pounds.
  - Pulling heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
  - Climbing steep stairs or vertical ladders without assistance.
  - Participating in firefighting and lifesaving efforts, including wearing a self-contained breathing apparatus (SCBA), and lifting/controlling fully charged fire hoses.
1. Detailed guidelines on potentially disqualifying medical conditions are contained in Navigation and Vessel Inspection Circular (NVIC) 02-98. Physicians should be familiar with the guidelines contained within this document. NVIC 02-98 may be obtained from [www.uscg.mil/hq/g-nv/index](http://www.uscg.mil/hq/g-nv/index) or by calling the nearest USCG Regional Examination Center.
  2. Examples of physical impairment or medical conditions that could lead to disqualification include impaired vision, color vision or hearing; poorly controlled diabetes; multiple or recent myocardial infarctions; psychiatric disorders; and convulsive disorders. In short, any condition that poses an inordinate risk of sudden incapacitation or debilitating complication, and any condition requiring medication that impairs judgment or reaction time are potentially disqualifying and will require a detailed evaluation.
  3. Engineer Officer, Radio Officer, Offshore Installation Manager, Barge Supervisor, Ballast Control Operator, QMED and Tankerman applicants need only to have the ability to distinguish the colors **red, green, blue and yellow**. The physician should indicate in Section IV the method used to determine the applicant's ability to distinguish these colors.
  4. This applicant should present photo identification before the physical examination/certification.

**Privacy Act Statement**

As required by Title 5 United States Code (U.S.C.) 552a(e)(3), the following information is provided when supplying personal information to the U. S. Coast Guard.

1. Authority for solicitation of the information: 46 U.S.C. 2104(a), 7101(c)-(e), 7306(a)(4), 7313(c)(3), 7317(a), 8703(b), 9102(a)(5).
2. Principal purposes for which information is used:
  - a. To determine if an applicant is physically capable of performing shipboard duties.
  - b. To ensure that a duly licensed Physician/Physician Assistant/Nurse Practitioner conducts the applicant's physical examination/certification and to verify the information as needed.
3. The routine uses which may be made of this information:
  - a. This form becomes a part of the applicant's file as documentary evidence that regulatory physical requirements have been satisfied and the applicant is physically competent to hold a merchant mariner license or document.
  - b. The information becomes part of the total license or document file and is subject to review by federal agency casualty investigators.
  - c. This information may be used by the U. S. Coast Guard and an Administrative Law Judge in determining causation of marine casualties and appropriate suspension and revocation action.
4. Disclosure of this information is voluntary, but failure to provide this information will result in non-issuance of a license and/or merchant mariner's document.

"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 Coast Guard estimates that the average burden for completing this form is 10 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestion for reducing the burden to the; Commandant (G-CIM), U.S. Coast Guard, 2100 2<sup>nd</sup> Street, SW, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (2115-0514), Washington, DC 20503.

**Section I – Applicant Information**

Name (Last, First, Middle) of Applicant \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Section II - Physical Information**

Eye Color _____	Hair Color _____	Weight _____ lbs	Distinguishing Marks _____
Height _____ ft _____ in	Blood Pressure Systolic _____ / Diastolic _____	Pulse Resting _____ <input type="checkbox"/> Regular <input type="checkbox"/> Irregular	

**Section III - Vision (if you have corrected vision, BOTH uncorrected & corrected MUST be shown)**

UNCORRECTED	CORRECTABLE TO	FIELD OF VISION	
Right 20 / _____	Right 20 / _____	<input type="checkbox"/> Normal	The applicant must have 100 degrees horizontal field of vision
Left 20 / _____	Left 20 / _____	<input type="checkbox"/> Abnormal	

**Section IV – Color Vision**

PASS  FAIL

**Deck Officers/Ratings (masters, mates, pilots, operators, able-seaman) must be tested using one of the following tests. For all other licenses/ratings, see page 1, note 3.**

<input type="checkbox"/> Pseudoisochromatic Plates	<input type="checkbox"/> Eldridge - Green Perception Lantern
<input type="checkbox"/> Divorine - 2nd Edition	<input type="checkbox"/> Farnsworth Lantern (FALANT)
<input type="checkbox"/> AOC	<input type="checkbox"/> Keystone Orthoscope
<input type="checkbox"/> AOC Revised Edition	<input type="checkbox"/> Keystone Telebinocular
<input type="checkbox"/> AOC - HRR	<input type="checkbox"/> SAMCTT- School of Aviation Medicine
<input type="checkbox"/> Ishihara 16, 24, 38 Plate Edition	<input type="checkbox"/> Titmus Optical Vision Test
	<input type="checkbox"/> Williams Lantern

**Section V - Hearing**

NORMAL  IMPAIRED (If impaired, complete Audiometer and Functional Speech Discrimination Test)

Audiometer (Threshold Value)	500 Hz	1000 Hz	2000 Hz	3000 Hz
Right Ear (Unaided)				
Left Ear (Unaided)				
Right Ear (Aided)				
Left Ear (Aided)				

Functional Speech Discrimination Test at 55 dB

Right Ear (Unaided) _____ %	Left Ear (Unaided) _____ %
Right Ear (Aided) _____ %	Left Ear (Aided) _____ %

**Section VI - Medications**

List all current medications, including dosage and possible side effects. State the condition(s) for which the medication(s) are taken.

NO PRESCRIPTION MEDICATIONS

### Section VII – Certification of Physical Impairment or Medical Conditions

<p><b>Does the applicant have or ever suffered from any of the following?</b> <b>If YES, PROVIDE TEST RESULTS, AS INDICATED.</b></p>		<p><b>If YES:</b></p> <ul style="list-style-type: none"> <li>• Identify the condition</li> <li>• Any limitations</li> <li>• Is condition controlled</li> <li>• Date of diagnosis</li> <li>• Prognosis</li> </ul>																												
Yes	No	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 80%;"> <b>1. Circulatory System</b>                      a. Heart disease (Stress Test within the past year)                      b. Hypertension (Recent BP reading)                      c. Chronic renal failure                      d. Cardiac surgery (Stress Test within the past year)                      e. Blood disorder/vascular disease                 </td> </tr> <tr> <td></td> <td></td> <td> <b>2. Digestive System</b>                      a. Severe digestive disorder                 </td> </tr> <tr> <td></td> <td></td> <td> <b>3. Endocrine System</b>                      a. Thyroid dysfunction (TSH level within the past year)                      b. Diabetes (State effects on vision &amp; HgbA1c w/in 30 days)                 </td> </tr> <tr> <td></td> <td></td> <td> <b>4. Infectious</b>                      a. Communicable disease                      b. Hepatitis A, B or C                      c. HIV                      d. Tuberculosis                 </td> </tr> <tr> <td></td> <td></td> <td> <b>5. Mental System</b>                      a. Psychiatric disorder                      b. Depression                      c. Attempted suicide                      d. Alcohol abuse                      e. Drug abuse                      f. Loss of memory                 </td> </tr> <tr> <td></td> <td></td> <td> <b>6. Musculoskeletal System</b>                      a. Amputations                      b. Impaired range of motion                      c. Impaired balance/coordination                 </td> </tr> <tr> <td></td> <td></td> <td> <b>7. Nervous System</b>                      a. Epilepsy/seizure                      b. Dizziness/unconsciousness                      c. Paralysis                 </td> </tr> <tr> <td></td> <td></td> <td> <b>8. Respiratory System</b>                      a. Asthma (PFT results within the past year)                      b. Lung disease (PFT results within the past year)                 </td> </tr> <tr> <td></td> <td></td> <td> <b>9. Other</b>                      a. Debilitating allergies                      b. Other eye disease (Corrected/Uncorrected Visual acuity)                      c. Glaucoma (Pressure test results within the past year)                      d. Recent or repetitive surgery                      e. Sleepwalking                      f. Severe speech impediment                      g. Other illness or disability not listed                 </td> </tr> </table>			<b>1. Circulatory System</b> a. Heart disease (Stress Test within the past year) b. Hypertension (Recent BP reading) c. Chronic renal failure d. Cardiac surgery (Stress Test within the past year) e. Blood disorder/vascular disease			<b>2. Digestive System</b> a. Severe digestive disorder			<b>3. Endocrine System</b> a. Thyroid dysfunction (TSH level within the past year) b. Diabetes (State effects on vision & HgbA1c w/in 30 days)			<b>4. Infectious</b> a. Communicable disease b. Hepatitis A, B or C c. HIV d. Tuberculosis			<b>5. Mental System</b> a. Psychiatric disorder b. Depression c. Attempted suicide d. Alcohol abuse e. Drug abuse f. Loss of memory			<b>6. Musculoskeletal System</b> a. Amputations b. Impaired range of motion c. Impaired balance/coordination			<b>7. Nervous System</b> a. Epilepsy/seizure b. Dizziness/unconsciousness c. Paralysis			<b>8. Respiratory System</b> a. Asthma (PFT results within the past year) b. Lung disease (PFT results within the past year)			<b>9. Other</b> a. Debilitating allergies b. Other eye disease (Corrected/Uncorrected Visual acuity) c. Glaucoma (Pressure test results within the past year) d. Recent or repetitive surgery e. Sleepwalking f. Severe speech impediment g. Other illness or disability not listed	<p style="text-align: center;"><b>Remarks (Please Print)</b></p>
		<b>1. Circulatory System</b> a. Heart disease (Stress Test within the past year) b. Hypertension (Recent BP reading) c. Chronic renal failure d. Cardiac surgery (Stress Test within the past year) e. Blood disorder/vascular disease																												
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Considering the findings in this examination, and noting the physical demands that may be placed upon the applicant, I consider the applicant <b>(please check one)</b>	<input type="checkbox"/> <b>Competent</b>	<input type="checkbox"/> <b>Not competent</b>	<input type="checkbox"/> <b>Needing further review</b>
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Name of Physician/Physician Assistant/Nurse Practitioner	License Number	Telephone Number	Office Address, City, State, Zip
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Signature of Physician/Physician Assistant/Nurse Practitioner	Date
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I certify that all information provided by me is complete and true to the best of my knowledge Signature of Applicant	Date
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# INSTRUCTIONS

1. Information needed to locate records. Certain identifying information is necessary to determine the location of an individual's record of military service. Please give careful consideration to and answer each item on this form. If you do not have and cannot obtain the information for an item, show "NA," meaning the information is "not available." Include as much of the requested information as you can. This will help us to give you the best possible service.

2. Charges for service. A nominal fee is charged for certain types of service. In most instances service fees cannot be determined in advance. If your request involves a service fee you will be notified as soon as that determination is made.

3. Restrictions on release of information. Information from records of military personnel is released subject to restrictions imposed by the military departments consistent with the provisions of the Freedom of Information Act of 1967 (as amended in 1974) and the Privacy Act of 1974. A service person has access to almost any information contained in his own record. The next of kin, if the veteran is deceased, and Federal officers for official purposes, are authorized to receive information from a military service or medical record only as specified in the above cited Acts. Other requesters must have the release authorization, in Item 5 of the form, signed by the veteran or, if deceased, by the next of kin. Employers

and others needing proof of military service are expected to accept the information shown on documents issued by the Armed Forces at the time a service person is separated.

4. Location of military personnel records. The various categories of military personnel records are described in the chart below. For each category there is a code number which indicates the address at the bottom of the page to which this request should be sent. For each military service there is a note explaining approximately how long the records are held by the military service before they are transferred to the National Personnel Records Center, St. Louis. Please read these notes carefully and make sure you send your inquiry to the right address. Please note especially that the record is not sent to the National Personnel Records Center as long as the person retains any sort of reserve obligation, whether drilling or non-drilling.

(If the person has two or more periods of service within the same branch, send your request to the office having the record for the last period of service.)

5. Definitions for abbreviations used below:

NPRC—National Personnel Records Center    PERS—Personnel Records  
TDRL—Temporary Disability Retirement List    MED—Medical Records

SERVICE	NOTE: (See paragraph 4 above.)	CATEGORY OF RECORDS	WHERE TO WRITE ADDRESS CODE
AIR FORCE (USAF)	Except for TDRL and general officers retired with pay, Air Force records are transferred to NPRC from Code 1, 90 days after separation and from Code 2, 150 days after separation.	Active members (includes National Guard on active duty in the Air Force), TDRL, and general officers retired with pay.	1
		Reserve, retired reservist in nonpay status, current National Guard officers not on active duty in Air Force, and National Guard released from active duty in Air Force.	2
		Current National Guard enlisted not on active duty in Air Force.	13
		Discharged, deceased, and retired with pay.	14
COAST GUARD (USCG)	Coast Guard officer and enlisted records are transferred to NPRC 7 months after separation.	Active, reserve, and TDRL members.	3
		Discharged, deceased, and retired members (see next item).	14
		Officers separated before 11/1/29 and enlisted personnel separated before 1/1/15.	6
MARINE CORPS (USMC)	Marine Corps records are transferred to NPRC between 6 and 9 months after separation.	Active, TDRL, and Selected Marine Corps Reserve members.	4
		Individual Ready Reserve and Fleet Marine Corps Reserve members.	5
		Discharged, deceased, and retired members (see next item).	14
		Members separated before 1/1/1905.	6
ARMY (USA)	Army records are transferred to NPRC as follows: Active Army and Individual Ready Reserve Control Groups: About 60 days after separation. U.S. Army Reserve Troop Unit personnel: About 120 to 180 days after separation.	Reserve, living retired members, retired general officers, and active duty records of current National Guard members who performed service in the U.S. Army before 7/1/72.*	7
		Active officers (including National Guard on active duty in the U.S. Army).	8
		Active enlisted (including National Guard on active duty in the U.S. Army) and enlisted TDRL.	9
		Current National Guard officers not on active duty in the U.S. Army.	12
		Current National Guard enlisted not on active duty in the U.S. Army.	13
		Discharged and deceased members (see next item).	14
		Officers separated before 7/1/17 and enlisted separated before 11/1/12.	6
		Officers and warrant officers TDRL.	8
NAVY (USN)	Navy records are transferred to NPRC 6 months after retirement or complete separation.	Active members (including reservists on duty)—PERS and MED	10
		Discharged, deceased, retired (with and without pay) less than six months, TDRL, drilling and nondrilling reservists	PERS ONLY 10 MED ONLY 11
		Discharged, deceased, retired (with and without pay) more than six months (see next item)—PERS & MED	14
		Officers separated before 1/1/03 and enlisted separated before 1/1/1896—PERS and MED	6

\*Code 12 applies to active duty records of current National Guard officers who performed service in the U.S. Army after 6/30/72.

Code 13 applies to active duty records of current National Guard enlisted members who performed service in the U.S. Army after 6/30/72.

## ADDRESS LIST OF CUSTODIANS (BY CODE NUMBERS SHOWN ABOVE)—Where to write / send this form for each category of records

1	Air Force Manpower and Personnel Center Military Personnel Records Division Randolph AFB, TX 78150-6001	5	Marine Corps Reserve Support Center 10950 El Monte Overland Park, KS 66211-1408	8	USA MILPERCEN ATTN: DAPC-MSR 200 Stovall Street Alexandria, VA 22332-0400	12	Army National Guard Personnel Center Columbia Pike Office Building 5600 Columbia Pike Falls Church, VA 22041
2	Air Reserve Personnel Center Denver, CO 80280-5000	6	Military Archives Division National Archives and Records Administration Washington, DC 20408	9	Commander U.S. Army Enlisted Records and Evaluation Center Ft. Benjamin Harrison, IN 46249-5301	13	The Adjutant General (of the appropriate State, DC, or Puerto Rico)
3	Commandant U.S. Coast Guard Washington, DC 20593-0001	7	Commander U.S. Army Reserve Personnel Center ATTN: DARP-PAS 9700 Page Boulevard St. Louis, MO 63132-5200	10	Commander Naval Military Personnel Command ATTN: NMPC-038 Washington, DC 20370-5036	14	National Personnel Records Center (Military Personnel Records) 8700 Page Boulevard St. Louis, MO 63132
4	Commandant of the Marine Corps (Code MMRB-10) Headquarters, U.S. Marine Corps Washington, DC 20380-0001			11	Naval Reserve Personnel Center New Orleans, LA 70148-5000		

# REQUEST PERTAINING TO MILITARY RECORDS

Please read instructions on the reverse. If more space is needed, use plain paper.

**PRIVACY ACT OF 1974 COMPLIANCE INFORMATION.** The following information is provided in accordance with 5 U.S.C. 552a(e)(3) and applies to this form. Authority for collection of the information is 44 U.S.C. 2907, 3101, and 3103, and E.O. 9397 of November 22, 1943. Disclosure of the information is voluntary. The principal purpose of the information is to assist the facility servicing the records in locating and verifying the correctness of the requested records or information to answer your inquiry. Routine uses of the information as established and published in accordance with 5 U.S.C. a(e)(4)(D)

include the transfer of relevant information to appropriate Federal, State, local, or foreign agencies for use in civil, criminal, or regulatory investigations or prosecution. In addition, this form will be filed with the appropriate military records and may be transferred along with the record to another agency in accordance with the routine uses established by the agency which maintains the record. If the requested information is not provided, it may not be possible to service your inquiry.

## SECTION I - INFORMATION NEEDED TO LOCATE RECORDS (Furnish as much as possible)

1. NAME USED DURING SERVICE (Last, first, and middle)		2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	4. PLACE OF BIRTH	
5. ACTIVE SERVICE, PAST AND PRESENT (For an effective records search, it is important that ALL service be shown below)					
BRANCH OF SERVICE (Also, show last organization, if known)	DATES OF ACTIVE SERVICE		Check one		SERVICE NUMBER DURING THIS PERIOD
	DATE ENTERED	DATE RELEASED	OFFICER	ENLISTED	
6. RESERVE SERVICE, PAST OR PRESENT <i>If "none," check here</i> <input type="checkbox"/>					
a. BRANCH OF SERVICE	b. DATES OF MEMBERSHIP		c. Check one		d. SERVICE NUMBER DURING THIS PERIOD
	FROM	TO	OFFICER	ENLISTED	
			<input type="checkbox"/>	<input type="checkbox"/>	
7. NATIONAL GUARD MEMBERSHIP (Check one): <input type="checkbox"/> a. ARMY <input type="checkbox"/> b. AIR FORCE <input type="checkbox"/> c. NONE					
d. STATE	e. ORGANIZATION	f. DATES OF MEMBERSHIP		g. Check one	
		FROM	TO	OFFICER	ENLISTED
				<input type="checkbox"/>	<input type="checkbox"/>
8. IS SERVICE PERSON DECEASED <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If "yes," enter date of death.</i>			9. IS (WAS) INDIVIDUAL A MILITARY RETIREE OR FLEET RESERVIST <input type="checkbox"/> YES <input type="checkbox"/> NO		

## SECTION II - REQUEST

1. EXPLAIN WHAT INFORMATION OR DOCUMENTS YOU NEED; OR, CHECK ITEM 2; OR, COMPLETE ITEM 3			2. IF YOU ONLY NEED A STATEMENT OF SERVICE <i>check here</i> <input type="checkbox"/>		
3. LOST SEPARATION DOCUMENT REPLACE-MENT REQUEST <i>(Complete a or b, and c.)</i>	<input type="checkbox"/> a. REPORT OF SEPARATION (DD Form 214 or equivalent)	YEAR ISSUED	This contains information normally needed to determine eligibility for benefits. It may be furnished only to the veteran, the surviving next of kin, or to a representative with veteran's signed release (item 5 of this form).		
	<input type="checkbox"/> b. DISCHARGE CERTIFICATE	YEAR ISSUED	This shows only the date and character at discharge. It is of little value in determining eligibility for benefits. It may be issued only to veterans discharged honorably or under honorable conditions; or, if deceased, to the surviving spouse.		
	c. EXPLAIN HOW SEPARATION DOCUMENT WAS LOST				
4. EXPLAIN PURPOSE FOR WHICH INFORMATION OR DOCUMENTS ARE NEEDED			6. REQUESTER		
5. RELEASE AUTHORIZATION, IF REQUIRED <i>(Read instruction 3 on reverse side)</i>  I hereby authorize release of the requested information/documents to the person indicated at right (item 7).			a. IDENTIFICATION (check appropriate box)		
			<input type="checkbox"/> Same person identified in Section I <input type="checkbox"/> Surviving spouse <input type="checkbox"/> Next of kin (relationship) _____ <input type="checkbox"/> Other (specify) _____		
VETERAN SIGN HERE <input type="checkbox"/>  <i>(If signed by other than veteran show relationship to veteran.)</i>			b. SIGNATURE (see instruction 3 on reverse side)		DATE OF REQUEST
			7. Please type or print clearly - COMPLETE RETURN ADDRESS		
Name, number and street, city, State and ZIP code _____ _____ _____ _____			TELEPHONE NO. (include area code) <input type="checkbox"/>		

SHIP'S/CSU LETTERHEAD

\_\_\_\_\_ (Date)

To: United States Coast Guard Regional Examination Center \_\_\_\_\_

From: \_\_\_\_\_ (Name/SSN)

Subj: AUTHORIZATION TO RELEASE INFORMATION

1. I am making application for an Able Bodied Seaman's endorsement on my United States Merchant Mariner's Document. In order to assist me in the process, please provide copies of all correspondence pertaining to my application to:

Military Sealift Command  
Afloat Personnel Management Center  
Training Division  
P.O. Box 120  
Virginia Beach, VA 23458-0120

2. Additionally, you are authorized to release information to personnel from the Military Sealift Command's Afloat Personnel Management Center's Training Division if they contact you via telephone or electronically by e-mail.
3. Your assistance in this effort is appreciated.

\_\_\_\_\_  
(Signature)