

USCG Coast Guard  
Regional Exam Center  
9105 Mendenhall Mall Rd, STE 170  
Juneau AK 99801

Office Hrs M-F 8:00 AM to 4:00 PM  
Closed all Federal Holidays  
907.463.2458  
Fax: 907.463.2482  
E-Mail: D17-PF-SectorJuneauREC@uscg.mil

USCG Ketchikan MU  
1621 Tongass Ave  
Ketchikan AK 99901

907.225.4496 ext 1 - Ketchikan  
Fax: 907.225.4499

## A Complete Application Package for Lifeboatman Consists of:

### Application Form (719 B)

Fill out the page one of the form completely. This includes writing out what you are applying for such as raise in grade of, renewal of, original OUPV etc

- **Section III** must be signed in ink. If you answer **YES** to anything in this section and it has not been reported previously, report the incident on Affidavit form. Include year, state, incident and final outcome (fine, probation etc)
- **Section V** (NDR) must be signed, Mariner Tracking is optional.
- **Section VI** Certification – Must be signed

**Oaths:** – All applicants for an original merchant mariner's credential are required to an oath before a Notary Public or official duly authorized to witness an oath.

**Affidavit Form** - Submit if an original application, listing all convictions OR if reporting new incidents since the last action on your license .

**Drug test info form (CG-719P)** - or Drug letter from Maritime Employer or a Drug Consortium or drug test results.

**Sea Service Letters, Certificates of Discharge or Sea Service Form (CG-719S)** If you are self-certifying your sea service on your own vessel less than 200 tons bring a copy of your vessel documentation or registration. **AMHS sea service should be requested to include drug letter. If you cannot qualify for drug letter than a drug test is needed.** \*

*See AMHS Seetime contact information - also posted on the AMHS Learning Portal*  
**Bring copies of course certificates ( Lifeboatman)** *amhslearningportal.com*

**Bring copies (front and back ) of your current license, MMD, and TWIC. No application can be accepted without TWIC card or Receipt for application for TWIC** All applicants for Original, Renewal, Raise in Grade or Duplicate credential must show either a TWIC or proof that a TWIC has been applied for.

**PAYMENT:** All payments must be in check, money order or credit card paid thru Pay.gov. Please use **PAY.GOV** to pay and bring in receipt with application. OR complete the attached Pay.gov form.

**IMPORTANT!!!** Incomplete applications will be returned to the applicant.

### For More Information, Visit These Websites...

Licensing & Documentation: <http://www.uscg.mil/nmc>  
Coast Guard Homepage: [www.uscg.mil](http://www.uscg.mil)  
Code of Federal Regulations: <http://www.access.gpo.gov/nara/cfr/index.html>  
TWIC Information: <http://twicinformation.tsa.dhs.gov/twicinfo/index.jsp>

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

Name (Last, First, Middle) (Maiden Name if applicable) Sailor Joe A. Social Security Number 111-11-1111

Date of Birth (Month, Day, Year) 01.01.1981 Place of Birth (City, State, Country) Your town USA Country of Citizenship USA

Color of Eyes green Color of Hair bald Height 5 ft 7 in Weight 160 lbs

Mailing Address, City, State, Zip Code (PO Boxes are acceptable) Where you want mmic sent. Your town. STATE + ZIP Phone Number (907) 111-1111 FAX Number ( ) E-mail Address If you have one @ your computer. com

Next of Kin's Name and Mailing Address, City, State, Zip Code NAME ADDRESS TOWN STATE + ZIP Relationship Mommy Next of Kin's Phone Number ( ) MOM'S # Next of Kin's E-mail Address email if you have.

**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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Merchant Mariner's Document (MMD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> STCW Certificate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Certificates of Registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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.)  
ADD lifeboatman to mmd.  
original stcw

**State Current or Previous License/Merchant Mariner's Document**

Description of License/Merchant Mariner's Document	Place of Issue	Date of Issue
<u>mmd - OS, wiper, SD (PH)</u>	<u>NMC</u>	<u>1-1-01</u>

Previous Edition Obsolete

\* note if MARINER is close to renewal date - have them renew at SAME time - saves \$ MARINER'S can renew at anytime.

**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 (X)	Indicate your answers to the following questions; sign and date at the bottom of this section.
	X	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.) (If yes, attach statement)
	X	Have you ever been a user of/or addicted to a dangerous drug, including marijuana? (If yes, attach statement)
	X	Have you ever been convicted by any court - including military court - for an offense other than a minor traffic violation? (If yes, attach statement)
	X	Have you ever been convicted of a traffic violation arising in connection with a fatal traffic accident, reckless driving or racing on the highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? (If yes, attach statement)
	X	Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? (If yes, attach statement)
	X	Have you ever been given a Coast Guard Letter of Warning or been assessed a civil penalty for violation of maritime or environmental regulations? (If yes, attach statement)
	X	Have you ever had any Coast Guard license or document held by you revoked, suspended or voluntarily surrendered? (If yes, attach statement)

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.

X Signature of Applicant agreeing to the above statement	Joe A. Saylor	1-1-01	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).

X Signature of Applicant	Joe A. Saylor	1-1-01	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

X Signature of Applicant	optional.		Date
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\* MUST sign

\*\* if yes + not reported before (since last action on mmc/mmd) fill out explanation sheet. otherwise note on file - but mark yes.

**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	1-1-01 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
Expiration Date	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: \_\_\_\_\_

U.S. Department of  
Homeland Security

United States  
Coast Guard



United States Coast Guard  
National Maritime Center  
Regional Exam Center

9105 Mendenhall Mall Rd  
Suite 170  
Juneau, AK 99801  
Phone: (907) 463-2458  
FAX: (907) 463-2482

16721

**AFFIDAVIT**

I, NAME: Joe A. Saylor SOCIAL SECURITY #: 111-11-1111

Do swear or affirm that, \_\_\_\_\_

1983 DUI Alaska 30 days jail \$500 fine.  
60 days counseling completed.

Whoever in any manner within the jurisdiction of any department or agency of the United States, knowingly and willingly falsifies, conceals or covers up by any trick, scheme, or 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 in this affidavit is true and correct.

Only needed if  
NOT reported on  
prior application.

Joe A Saylor 1-1-2010  
Mariner Signature Date

Address: where I live  
my town. AK 99999  
Phone: 907-563-2628



## ATTENTION MARINERS!

You can help us streamline the process. Pay your user fees online and the evaluators have more time to spend on your package.

1. Go to: **www.Pay.gov**
2. On the left hand side of the screen, Search Public forms, enter "MARINER" and select GO
  - 2a.  select by Agency Name; "H"; "Homeland Security Department"; "United States Coast Guard" to locate the form.
3. Open the form "USCG Merchant Mariner User Fee Payment" and complete by selecting the appropriate fees in the table based on the type of credential for which you are applying and/or service you are requesting. Note: this is the amount you pay.
  - 3a. Select PDF Preview if you want to save or print a copy of your form locally.
4. Print receipt for your records and proof of payment. An option to do this appears when you have completed the payment screens. An option for entering an email address will also appear.
5. Submit a copy of your receipt to the REC with your credential application package.

You can use the Pay.gov web site to pay for any U. S. Coast Guard License, Merchant Mariner Document (MMD), or Certificate of Registry (COR) User-Fee Payments.

Type of payment: You can use any "Plastic Card" (Visa, MasterCard, Discover, American Express) or you can use ACH to transfer funds directly from a bank savings or checking account.

No need to worry about the mishandling of your money. Pay.gov is a highly secure environment provided by the Federal Reserve Information Technology. It is certified and accredited to National Institute of Standards Technology (NIST) and Federal Information Security Management Act (FISMA) standards.



\* NOTE - you may also fill out this form; mail to the Treasurer Rec

AUTHORIZATION FOR PAYMENT OF FEES THROUGH PAY.GOV

(address on front of this Packet)

DATE: The DATE

MARINER'S NAME (LAST NAME, FIRST NAME, MIDDLE NAME)

Joe A. Sailor

SSN (REQUIRED FOR LINKING TO RECORD)

1 1 1 1 1 1 1 1 1

\* ACCOUNT HOLDER NAME (IF DIFFERENT FROM THE ONE LISTED ABOVE)

ACCOUNT HOLDER BILLING ADDRESS (Street, City, ST and Zip Code)

\* the address + phone # associated with CARD or Account,

AUTHORIZED PAYMENT AMOUNT

1 4 0 .00

95 eval fee  
45 issuance fee

ACH TRANSFER FROM ACCOUNT TYPE (CHECK ONLY ONE)

PERSONAL SAVINGS

BUSINESS SAVINGS

PERSONAL CHECKING

BUSINESS CHECKING

ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER (IF APPLICABLE)

Routing Number Account Number Check Number  
075945783 24376390 4236

CREDIT CARD AUTHORIZATION

CARD TYPE  VISA  MASTERCARD  AMEX  DISCOVER

CREDIT CARD NUMBER

EXPIRATION DATE  
MM YYYY

2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 0 1 2 0 1 1

SECURITY CODE (FROM BACK OF CREDIT CARD)

3 3 3 < 3 Digits. only

PRINT NAME OF PERSON FILLING OUT THE FORM IF OTHER THAN MARINER LISTED ABOVE

\* I authorize a transfer from or charge to the above account in accordance with my bank or card issuer agreement. Joe A. Sailor !!