

# PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement, and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW, Washington, DC 20503.**

1. Agency/Subagency originating request DHS/U.S. COAST GUARD	2. OMB control number <span style="float: right;">b. <input type="checkbox"/> None</span> a. <u>1625</u> - <u>0040</u>
3. Type of information collection ( <i>check one</i> ) a. <input type="checkbox"/> New collection b. <input checked="" type="checkbox"/> Revision of a currently approved collection c. <input type="checkbox"/> Extension, without change, of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change, of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change, of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number	4. Type of review requested ( <i>check one</i> ) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated
3a. Public Comments Has the agency received public comments on this information collection? <div style="text-align: center;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                 </div>	5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date    b. <input type="checkbox"/> Other Specify: ___/___/___	
7. Title Continuous discharge book, Application, Physical Exam Report, Sea Service Report, Chemical Testing, Entry Level Physical	
8. Agency form number(s) ( <i>if applicable</i> ) CG 719A, CG-719B, CG-719K, CG-719S, CG-719P, CG-719K/E	
9. Keywords Discharge, Application, Physical, Sea, Service, Chemical, Test, License, Merchant, Mariner, Document, MMD	
10. Abstract IAW Title 46, US Code & Title 46, CFR the collection of this information is necessary to determine competency, charagter & physical qualifications for the issuance of the USCG licenses, certificates fo registry & merchant mariner documents.	
11. Affected public ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input type="checkbox"/> Individuals or households                      d. <input checked="" type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit                      e. <input checked="" type="checkbox"/> Federal Government c. <input checked="" type="checkbox"/> Not-for-profit institutions                      f. <input checked="" type="checkbox"/> State, Local or Tribal Government	12. Obligation to respond ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input checked="" type="checkbox"/> Voluntary b. <input checked="" type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory
13. Annual reporting and recordkeeping hour burden a. Number of respondents <u>65299</u> b. Total annual responses <u>65299</u> 1. Percentage of these responses collected electronically <u>0</u> % c. Total annual hours requested <u>10833</u> d. Current OMB inventory <u>329,356</u> e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment <u>-318,523</u>	14. Annual reporting and recordkeeping cost burden ( <i>in thousands of dollars</i> ) a. Total annualized capital/startup costs _____ b. Total annual costs (O&M) _____ c. Total annualized cost requested _____ d. Current OMB inventory _____ e. Difference _____ f. Explanation of difference 1. Program change _____ 2. Adjustment _____
15. Purpose of information collection ( <i>Mark primary with "P" and all others that apply with "X"</i> ) a. <input checked="" type="checkbox"/> Application for benefits                      e. <input checked="" type="checkbox"/> Program planning or management b. <input checked="" type="checkbox"/> Program evaluation                      f. <input checked="" type="checkbox"/> Research c. <input checked="" type="checkbox"/> General purpose statistics                      g. <input type="checkbox"/> Regulatory or compliance d. <input checked="" type="checkbox"/> Audit	16. Frequency of recordkeeping or reporting ( <i>check all that apply</i> ) a. <input checked="" type="checkbox"/> Recordkeeping                      b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input checked="" type="checkbox"/> On occasion    2. <input type="checkbox"/> Weekly            3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly       5. <input type="checkbox"/> Semi-annually    6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biennially      8. <input type="checkbox"/> Other (describe) _____
17. Statistical methods Does this information collection employ statistical methods? <div style="text-align: center;"> <input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                 </div>	18. Agency contact ( <i>person who can best answer questions regarding the content of this submission</i> ) Name: <u>LT Ian Bird, USCG, CG-5434</u> Phone: <u>(202) 372 1208</u>

SUPPORTING STATEMENT  
for

**Continuous Discharge Book, Merchant Mariner Application, Physical Examination Report, Sea Service Report, Chemical Testing Form, and Entry Level Physical Examination Report**

**A. JUSTIFICATION**

1. Explain the circumstances that make the collection information necessary.

Title 46, United States Code, 7302(b) authorizes the Coast Guard to issue a Continuous Discharge Book (CG Form 719A) upon request from an individual. Title 46, Code of Federal Regulations (46 CFR), parts 10.105(b) 10.205(a), 10.207(a), 10.209(a) (1) and 12.02-9(a) requires that each applicant for a license, certificate of registry or merchant mariner document make written application to the Coast Guard (CG Form 719B). 46 CFR parts 10.205 (a), 10.207 (e) (2) , 10.209 (d) (2) , 12.05-5 and 12.15-5 mandate that each applicant for a license or merchant mariner document must present a completed Coast Guard physical examination report (CG Form 719K) executed by the physician. 46 CFR part 10.211 mandates presentation of documentary evidence of sea service on vessels (CG Form 719S). 46 CFR parts 10.202(i) and 12.02-9(f) mandates that each applicant must produce evidence (CG Form 719P) of having passed a chemical test for dangerous drugs. 46 CFR part 12.02-17(e) requires entry-level merchant mariner document applicants to provide a statement from a qualified practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued. (CG Form 719KE)

2. Indicate how, by whom, how frequently, and for what purposes the information is to be used and the consequence to the Federal program or policy activities if the collection of information was not conducted.

The Coast Guard will evaluate this collected information against applicable statutes, regulations and policies solely for the purposes of determining eligibility for issuance of a merchant mariner credential(s), i.e. license, certificate of registry or merchant mariner document. This evaluation is performed on occasion, meaning as submitted by the respondent when he or she applies for a Coast Guard credential. Per the regulations, the Coast Guard needs this information to process applications only from, and issue credentials only to, applicants who can prove their identity, and whose backgrounds, training and certifications can be verified to ensure security and safety related requirements are met. This information assists the Coast Guard in its effort to help secure U.S. ports, waterways, marine infrastructure, and marine-related commercial activities, including international trade, by protecting the licensing and COR process from abuse or fraud.

3. Describe whether the collection of information involves the use of automated collection techniques.

At present the Coast Guard does not employ methods for collection of this information electronically or by any other automated process. The Coast Guard, however, fully intends to develop a process in which respondents will have the ability to submit portions of this information electronically. Issues pertaining to required third-party signatures, such as physicians and medical review officers, remain unresolved with respect to electronic submission, but efforts to collect certain portions of this information electronically, such as the CG-719B application, are being considered and researched.

4. Describe efforts to identify duplication.

As the requirements for a Coast Guard merchant mariner credential are unique and very specific, no duplication of information collected is known. These are the only records available that specifically address the requirements for issuance of a Coast Guard merchant mariner credential. No other Federal, State, or Local agencies collect this information.

5. If the collection of information impacts small businesses or other small entities describe the methods used to minimize burden.

This information collection does not have an impact on small businesses or other small entities.

6. Describe the consequences to the Federal program or policy activities if the collection were not conducted or conducted less frequently.

The Coast Guard is mandated by law to issue licenses, certificates of registry, and merchant mariner documents to individuals found qualified as to age, character, habits of life, experience, professional qualifications, and physical fitness. Without the ability to collect this information, the Coast Guard would be unable to adhere to statutory and regulatory requirements.

7. Explain any special circumstances.

This information collection is conducted in manner consistent with the guidelines in 5CFR 1320.5(d)(2).

8. Federal Register of the agency's notice soliciting comments on the information collection prior to submission to OMB. Describe efforts to consult with persons outside the agency.

A 60-day notice will be published in the Federal Register requesting comments from the public.

9. Explain any decision to provide any payment or gift to respondents.

There is no offer of monetary or material value for this information collection.

10. Describe any assurance of confidentiality provided to respondents and the basis for the assurance in statute, regulation, or agency policy.

There are no assurances of confidentiality provided to the respondents for this information collection.

11. Provide additional justification for any questions of a sensitive nature.

There are no questions of sensitive nature.

12. Provide estimates of the hour burden of the collection of information.

In FY 2007 65,299 applications (CG-719B forms) were received and processed. This is a good representation of an average year of application. An application itself takes approximately 10 minutes (= 0.167 hours) to complete, and may be hand carried or mailed to a Regional Examination Center (REC) for processing. The total hour burden based on FY 07 numbers will be approximately 10883 hours.

Total Application (TA):	65,299
Time to complete 1 application (TC):	0.167 hours per application
Total Burden hours: (TA X TC)	10,8333 hours

13. Provide estimates of the total annual cost burden to respondents.

There are no record keeping, capital, start-up or maintenance costs associated with this information collection.

14. Provide estimates of annualized cost to the Federal Government.

There is no annual cost to the Federal Government.

15. Explain reasons for any program changes.

The changed is due to an ADJUSTMENT to our program. Previous estimations in burden hours were an overestimate which erroneously considered travel time to and from Regional Exam Centers. Written applications may be mailed, and do not require travel time.

16. For collection of information whose results will be published.

This information collection will not be published for statistical purposes.

17. If seeking approval to not display the expiration date for OMB approval of the information collection, explain the reasons that displaying the expiration date would be inappropriate.

USCG will display the expiration date for OMB approval of this information collection. One exception to this is that CG-719A is a hardbound document that will eventually be removed from this list because it is no longer issued due to increased security concerns.

18. Explain each exception to the certification statement identified in “Certification for Paperwork Reduction Act Submission”.

USCG does not request an exception to the certification of this information collection.

**B. COLLECTION OF INFORMATION EMPLOYING STATISTICAL METHODS.**

This information is not collected through the use of statistical methods.

## Merchant Marine Certification of Fitness for Entry Level Ratings

<b>Section I – Applicant Information</b>	
Name (Last, First, Middle) of Applicant:	Social Security Number:

<b>Section II – Physical Information</b>		
Height:	Eye Color:	Distinguishing Marks:
ft          in		
Weight:	Hair Color:	
lbs		

**Section III – Physical Agility Certification**

An applicant for an Entry Level Rating [ordinary seaman, wiper, or steward’s department (food handler)] is not required to complete a physical examination, but they must have the agility, strength, and flexibility to:

- § Climb steep or vertical ladders.
- § Maintain balance on a moving deck.
- § Pull heavy objects, up to 50 lbs. in weight, distances of up to 400 feet.
- § Rapidly don an exposure suit.
- § Step over doorsills of 24 inches in height.
- § Open or close watertight doors that may weigh up to 56 pounds.

Place an X in the appropriate block below.

<input type="checkbox"/> Applicant has the physical strength, agility, and flexibility to perform <b>all</b> of the items listed above.	<input type="checkbox"/> Applicant does <b>NOT</b> have the physical strength, agility, and flexibility to perform any one of the items listed above.
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Considering the above requirements and noting the duties to be performed by the applicant aboard a vessel of the United States, I consider the applicant (Please check one)			<input type="checkbox"/> Competent	<input type="checkbox"/> Not Competent	<input type="checkbox"/> Needing Further Review
Name of Physician/Physician’s Assistant/Nurse Practitioner:			Office Address, City, State, Zip Code:		
License Number:	Telephone Number:				

Signature of Physician/Physician’s Assistant/Nurse Practitioner	Date
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<b>Section IV – Applicants Signature</b>	
I certify that all information provided by me is complete and true to the best of my knowledge	
<input checked="" type="checkbox"/> Signature of Applicant	Date

## Merchant Marine Certification of Fitness for Entry Level Ratings

### Section V - Description of the requirements for Certificate of Fitness

Title 46 of the Code of Federal Regulations (CFR) requires that an applicant for **Entry Level Ratings** valid for service on a seagoing vessel of 200 or more gross register tons (GRT) (domestic tonnage) "Provide a document issued by a qualified medical practitioner attesting to the applicant's medical fitness to perform the functions for which the document is issued". The following is a list of activities the Applicant shall be physically able to perform:

For a vessel to be operated safely, it is essential that the crewmembers be physically fit and free of debilitating illness and injury. The seafaring life is arduous, often hazardous, and the availability of medical assistance or treatment is generally minimal. As the international trend toward smaller crews continues, the ability of each crewmember to perform his or her routine duties and respond to emergencies becomes even more critical.

All mariners should be capable of living and working in cramped spaces, frequently in adverse weather causing violent evolutions such as fire-fighting or launching lifeboats or life rafts. Members of the deck and engine department must be capable of physical labor, climbing, and handling moderate weights (from 30-60 pounds).

#### 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 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PART 12).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S DOCUMENT ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S 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 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), 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; Commanding Officer, U.S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management & Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

## Merchant Mariner Physical Examination Report

### 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 / _____ Left 20 / _____	Right 20 / _____ Left 20 / _____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal The applicant must have 100 degrees horizontal field of vision

### 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.**

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

## Merchant Mariner Physical Examination Report

### 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>																																																																																																																																
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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 **(please check one)**

**Competent**     
  **Not competent**     
  **Needing further review**

Name of Physician/Physician Assistant/Nurse Practitioner	License Number	Telephone Number	Office Address, City, State, Zip
Signature of Physician/Physician Assistant/Nurse Practitioner		Date	

I certify that all information provided by me is complete and true to the best of my knowledge

Signature of Applicant Date

# DOT/USCG Periodic Drug Testing Form

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

**NOTE:** The cost of the drug test is the **sole** responsibility of the applicant, not the Coast Guard.

## Section I – Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation 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 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.

<b>Name: (Last, First, Middle) of Applicant (Print or Type)</b>	<b>Social Security Number</b>
<b>Signature of Applicant</b>	<b>Date</b>

## Section II – Name of SAMHSA Accredited Laboratory (Type or Print)

Name	Address

## Section III – Medical Review Officer

<b>DATE SPECIMEN COLLECTED:</b>	<b>The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CIRCLE ONE)</b>  <b>NEGATIVE</b>  <b>POSITIVE/SUBSTITUTED/ADULTERATED or INVALID TEST (Test Cancelled)</b> <b>(Please complete the next block for all non-negative results)</b>
<b>Specimen Analyzed For (DOT 5 Panel):</b> § Marijuana metabolite § Cocaine metabolites § Opiates metabolites § Phencyclidine § Amphetamines	

**FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY:** (To be reported to the nearest USCG Marine Safety Office).

This specimen is verified **POSITIVE** for \_\_\_\_\_.

The specimen was identified as being **SUBSTITUTED** or containing the **ADULTERANT**: \_\_\_\_\_.

The test was **CANCELLED** because (insert reason): \_\_\_\_\_.

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

<b>MEDICAL REVIEW OFFICER CONTACT INFORMATION:</b>	<b>MEDICAL REVIEW OFFICER AUTHORITY:</b>
<b>Name:</b> _____	<b>Name: (Printed)</b> _____
<b>Address:</b> _____	<b>Signature:</b> _____ <i>(MRO signature stamp is authorized for <u>negative</u> results only)</i>
<b>Phone:</b> _____	<b>Name of MRO Qualifying Organization:</b> _____
	<b>Registration Number Issued by Qualifying Organization:</b> _____

"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 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Boulevard, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

<b>REQUIREMENTS</b>	<p>§ A drug test is required for all transactions EXCEPT endorsements, duplicates and STCW certificates.</p> <p>§ ONLY a DOT 5 Panel (SAMHSA 5 Panel, formerly NIDA 5), testing for Marijuana, Cocaine, Opiates, Phencyclidine, and Amphetamines will be accepted.</p>
<b>OPTION I PERIODIC TESTING PROGRAM</b>	<p>§ A USCG drug test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.</p> <p>§ <b>COLLECTION</b> of a urine 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 Title 49 CFR Part 40.31. It is <b>CRITICAL</b> that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is <u>invalid</u>. A list of service agents that can assist in meeting these requirements is included or a list of service agents can be obtained at <a href="http://www.uscg.mil/hq/g-m/moa/dapip.htm">www.uscg.mil/hq/g-m/moa/dapip.htm</a>.</p> <p>§ 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 to our office. The drug test result must be signed and dated by the MRO or by a representative of the service agent who assisted you in meeting this requirement.</p>
<b>OPTION II RANDOM TESTING</b>	<p>§ An ORIGINAL DATED letter on marine employer stationery or, for ACTIVE DUTY MILITARY MEMBERS, an ORIGINAL DATED letter from your command on command letterhead attesting to participation in random drug testing programs.</p> <p><b>EXAMPLE (From Marine Employers):</b> <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program meeting the criteria of Title 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> <i>APPLICANT'S NAME / SSN</i> has been subject to a random testing program and has never refused to participate in or failed a chemical drug test for dangerous drugs.</p>
<b>OPTION III PRE-EMPLOYMENT TESTING</b>	<p>§ An ORIGINAL DATED letter on marine employer stationery signed by a company official, stating that you have passed a pre-employment chemical test for dangerous drugs within the past 185 days.</p> <p><b>EXAMPLE:</b> <i>APPLICANT'S NAME / SSN</i> passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 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>

**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 46 U. S. C. 7302, 7305, 7314, 7316, 7319, AND 7502 (SEE 46 CFR PARTS 10, 12, 13, AND 16).
2. PRINCIPLE PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:
  - A. TO ESTABLISH ELIGIBILITY FOR A MERCHANT MARINER'S LICENSE AND DOCUMENT ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S 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).

## Small Vessel Sea Service Form

### Section I – Applicant Information (Note: Complete One Form per Vessel)

Name (Last, First, Middle)		Social Security Number	
Vessel Name		Official Number or State Registration Number	
Vessel Gross Tons	Length	Width (if known)	Depth (if known)
Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)		Served As: (Master/Mate/Operator/Deckhand/etc.)	
Name of body or bodies of water upon which vessel was underway (Geographic Locations)			

### Section II – Record of Underway Service

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 (year / days)	February (year / days)	March (year / days)	April (year / days)	May (year / days)	June (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
July (year / days)	August (year / days)	September (year / days)	October (year / days)	November (year / days)	December (year / days)
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____
____/____	____/____	____/____	____/____	____/____	____/____

Total number of days served on this vessel:	<input style="width: 80px; height: 20px;" type="text"/>
Average hours underway (per day):	<input style="width: 80px; height: 20px;" type="text"/>
Average distance offshore:	<input style="width: 80px; height: 20px;" type="text"/>

Number of days served on Great Lakes:	<input style="width: 80px; height: 20px;" type="text"/>
Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 80px; height: 20px;" type="text"/>
Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	<input style="width: 80px; height: 20px;" type="text"/>

### Section III – Signature and Verification Applicant Read Before Signing!

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 license/document 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).

<b>Signature of Applicant</b>	<b>Date</b>
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**NOTE:** S E If you were not the owner, the Owner, Operator, or Master must complete the remainder of this form.  
If you were the owner of the above vessel, proof of ownership must be provided with this form.

#### Owner, Operator or Master 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 license 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).

<b>Signature and title of person attesting to experience</b>	<b>Date</b>
--	-------------

Owner's, Operator's, or Master's Name (Last, First Middle):	Owner's, Operator's, or Master's address and phone number:
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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 LICENSE OR DOCUMENT ISSUED BY THE COAST GUARD.
  - B. TO ESTABLISH AND MAINTAIN A CONTINUOUS RECORD OF THE PERSON'S DOCUMENTATION TRANSACTIONS.
  - C. PART OF THE INFORMATION IS TRANSFERRED TO A FILE MANAGEMENT COMPUTER SYSTEM FOR A PERMANENT RECORD.
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  - A. TO MAINTAIN RECORDS REQUIRED BY 46 U. S. C. 7319 AND 7502.
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"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 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."

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

<b>Section I - Personal Data</b>			(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

**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.) <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 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? <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.

X 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).

X 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

X 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.

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.

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: Commanding Officer, U. S. Coast Guard National Maritime Center, 4200 Wilson Blvd, Suite 630, Arlington, VA 22203-1804 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503."