

## U.S. Coast Guard

Exp. Date: 04/30/2026

## APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)

Section I: Applicant Information **Fill In all personal**

|                      |                      |                      |                        |   |
|----------------------|----------------------|----------------------|------------------------|---|
| 1. Legal Name: Last  | First Name           | Middle Name          | Suffix (Jr., Sr., III) | Alias(es) or Maiden Name(s) if applicable |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>   | <input type="text"/>                      |

|                             |                                      |   |                               |
|-----------------------------|--------------------------------------|---|-------------------------------|
| 2a. SSN (for Original only) | 2b. Reference Number (if applicable) | 2c. Alien Registration Number (ARN) (if applicable) | 3. Date of Birth (MM/DD/YYYY) |
| <input type="text"/>        | <b>Use Ref # from your Lic</b>       | <input type="text"/>                                | <input type="text"/>          |

|                      |                           |                      |                      |                      |                      |
|----------------------|---------------------------|----------------------|----------------------|----------------------|----------------------|
| 4. Citizenship       | 5a. Place of Birth (City) | 5b. State            | 5c. Country          | 5d. Color of Eyes    | 5e. Color of Hair    |
| <input type="text"/> | <input type="text"/>      | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Applicant Address and Contact Information (Please indicate best method(s) of contact by checking the appropriate box(es)).

|   |   |
|---|---|
| 6a. Home Address (PO Box NOT acceptable) <input type="checkbox"/><br><b>Note that this must be physical address</b> | 6c. Primary Phone Number <input type="checkbox"/>                   |
| Street Address<br><input type="text"/>  | <input type="text"/>  |
| City State Zip Code<br><input type="text"/> <input type="text"/> <input type="text"/>                               | 6d. E-mail Address <input type="checkbox"/><br><input type="text"/> |
| 6b. Delivery/Mailing Address, if different (PO Box acceptable) <input type="checkbox"/>                             | 6e. Alternate Phone Number <input type="checkbox"/>                 |
| Street Address<br><b>Note mailing address can be PO Box</b>   | <input type="text"/>  |
| City State Zip Code<br><input type="text"/> <input type="text"/> <input type="text"/>                               | 6f. Other <input type="checkbox"/><br><input type="text"/>          |

## Next of Kin/Emergency Contact (Please indicate best method(s) of contact by checking the appropriate box(es).) (Optional)

|  |  |
|--|--|
| <input type="checkbox"/> 7a. Mailing Address, City, State, Zip Code<br>Same address as above | 7b. Relationship (Optional) <input type="checkbox"/>                                   |
| Name <b>Note that this section is optional</b><br><input type="text"/>                       | <input type="text"/>   |
| Street Address<br><input type="text"/>   | 7c. Primary Phone Number (Optional) <input type="checkbox"/><br><input type="text"/>   |
| City State Zip Code<br><input type="text"/> <input type="text"/> <input type="text"/>        | 7d. Alternate Phone Number (Optional) <input type="checkbox"/><br><input type="text"/> |
|  | 7e. E-mail Address (Optional) <input type="checkbox"/><br><input type="text"/>         |

Section II: Requested Coast Guard Credential(s)  
Credential or Endorsement Type(s) Requested:

| Endorsement Category | Transaction Type (Check all that apply: See instructions for definitions and additional requirements for the transaction below) |                                     |                          |  |                          |                          |
|----------------------|---|-------------------------------------|--------------------------|--|--------------------------|--------------------------|
|                      | Original  | Renewal                             | Duplicate                | Raise of Grade, New Endorsement or Increase in Scope | Certificate of Registry  | Document of Continuity   |
| Officer              | <input type="checkbox"/>  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Qualified Rating     | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> |
| STCW                 | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> |
| Entry Level          | <input type="checkbox"/>  | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/>                             | <input type="checkbox"/> | <input type="checkbox"/> |

**Description of Endorsement(s) Desired:** Include all appropriate information - Officer (i.e. Deck - Master/Mate/Propulsion/Tonnage/Route OR Engineer Grade - 3rd AE; DDE/Propulsion/Horsepower) Ratings (i.e.: Able Seaman, Tankerman, QMED, Lifeboatman) (Please Print)

**This can be answered in a few ways. You can simply write in: Renew All This will renew all that is present on your current license. You can also fill in with complete description on your present license. If you are increasing your tonnage (increase in scope) then add: Increase of Scope from (present tonnage) to next level. Example: 25GT to 50GT, or 50GT to 100GT. You will need to submit Small Vessel Sea Service Form CG-719S with 90 days on ANY size vessel since your last issuance. Good Deal! Use it!**

☐ FOR RENEWAL TRANSACTIONS ONLY: I request to waive the post-dating feature and to have my merchant mariner credential (MMC) issued immediately. I decline having its issuance coincide with the expiration date of my current credential.

Do NOT check this box

Reset

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**APPLICATION FOR MERCHANT MARINER CREDENTIAL (FORM CG-719B)**

OMB No. 1625-0040  
Exp. Date: 04/30/2026

**Section III: Safety and Suitability**

- ☒ **1. TWIC (Transportation Worker's Identification Credential) EXEMPTION STATEMENT** - I have previously applied for a TWIC with TSA and I am exempt from holding a valid TWIC under Coast Guard Policy Letter 11-15. I understand that a name based safety and suitability check could significantly delay the processing of my Merchant Mariner Credential Application.  
**If you do not use your TWIC card, then check this box**

- 2. Criminal Record (Convictions and Drug Use):** If you answer Yes to ANY of the questions below you must disclose the information regarding the conviction. You may complete the optional form CG-719C for each question marked "Yes".

**note that it is within last 10 years**

- a) Have you ever been a user of/or addicted to a dangerous drug, including marijuana, within the last 10 years? ☐ Yes ☐ No
- b) 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? ☐ Yes ☐ No
- c) Have you ever been convicted by any court-including military court - for an offense other than a minor traffic violation? ☐ Yes ☐ No
- d) Have you ever been convicted of a traffic infraction arising in a connection with a fatal traffic accident, reckless driving or racing on a highway or operating a motor vehicle while under the influence of, or impaired by, alcohol or a controlled substance? ☐ Yes ☐ No
- e) Have you ever had your driver's license revoked or suspended for refusing to submit to an alcohol or drug test? ☐ Yes ☐ No
- f) Have you had a drug test with a result other than negative within the last 10-years? ☐ Yes ☐ No

- ☒ **3. National Driver Registry (NDR) Consent (Mandatory for Original, Renewal, or new Officer Endorsement):** 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. **NOTE: Not required for Document of Continuity applicants.**  
**You must check this**  
I understand the USCG will make the information received from the NDR available to me for review and written comment prior to disapproving my application or taking any action against my Merchant Mariner's Credential. Authority: 46 U.S.C. 710(g), 46 U.S.C. 7302(c), and 46 U.S.C. 7505.

**Section IV: Mariner's Consent/Certification**

**1. Mariner Outreach System (Optional):** I consent to voluntary participation in the Mariner Outreach 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 either by subsequent application or by sending a signed notice of revocation to the U.S. Coast Guard National Maritime Center, 100 Forbes Dr., Martinsburg, WV 25404. For more information, please visit <https://mos.marad.dot.gov/>.

**Optional**

- ☐ Yes, I would like to participate ☐ No thanks, I do not wish to participate at this time

**2. FOR CONTINUITY RENEWAL ONLY**

I understand that a Document of Continuity is not valid for use in accordance with 46 CFR 10.227 and aware of the requirements to obtain an MMC. STCW endorsements may not be placed in continuity per 46 CFR 10.227.

- ☐ **3. CONSENT:** I am under 18 years of age and a notarized statement of parental/guardian consent is attached.

**4. Certification**

**My signature below attests that:**

- All information on this application is true and correct to the best of my knowledge.
- I understand an application determined to be fraudulent may result in the denial of my application for one year from the date of submission, even if the fraudulent information was not by itself cause for denial or prosecution.
- 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.

**5. Applicant's Signature**

Signature of Applicant

☒ **Sign and date**

Date (MM/DD/YYYY)

Signature of individual authorized to administer the Oath. This is required only once for a mariner.

☒ **You do not need to notarize as you have done this for your original licence**

Date (MM/DD/YYYY)

Name of individual authorized  
to administer the Oath:

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Section IV: Mariner's Consent/Certification (*continued*)

This entire section is optional

6. Third Party Authorization (*Optional*)

- I understand that by checking boxes 6a - 6d in Section IV, I authorize release of information, MMC, or authority to act on my behalf to the third party indicated until issuance of a MMC or until Agency final action is made.

☐ 6a. Safety and Suitability

Name of Organization or Third Party

☐ 6b. Professional qualifications, certification records, training records, or Sea Service

Organization Point of Contact (*if applicable*)

☐ 6c. Merchant Mariner Credential Delivery

Street Address

☐ 6d. Act on my behalf in all matters pertaining to the processing of my current USCG credential application (*All of the above*)

City

State

Zip Code

Phone Number

Email Address

Signature of Applicant

X

Date (MM/DD/YYYY)

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

**AUTHORITY:** 14 U.S.C. § 505; 46 U.S.C. § 2103, 7101, 7302, 7502; 46 C.F.R. 10.209.

**PURPOSE:** To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

**ROUTINE USES:** The information is used by authorized USCG personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).

**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Furnishing this information (Including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC, and any endorsement within the MMC.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 9 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office Of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.