



Merchant Mariner Licensing and Documentation (MLD) Program

REC MEDICAL WAIVER SUBMISSION FORM

(see MLD-WI-REC-17 & MLD-PR-NMC-01 for usage requirements)

Applicant Name:	SSN: REF:	Date Submitted:
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Submitted from REC: \_\_\_\_\_ REC POC: \_\_\_\_\_

Applicant has been entered into MMLD, including the Medical tab.

The applicant is applying for (check all that apply):

	DECK/PILOT LIC	ENGR LIC	OIM/BS/BCO	RFPNW/ RFPEW	RADIO OFF	COR	QMED	AB
ORIG								
RENEW/RIG								

	TM	LB INL	LB SEA	EL INL	EL SEA	CADET INL	CADET SEA	GMDSS	MED CARE	OTHER STCW
ORIG										
RENEW/RIG										

The REC  has /  has not granted a vision waiver to the applicant.

The REC  has /  has not granted a hearing waiver to the applicant.

The applicant  does /  does not have an existing medical waiver noted as \_\_\_\_\_

The REC has ensured that all of the following are included in this waiver package:

- Completed Medical Waiver Submission Form (this form)
- Copy of the CG-719-K or 719-K/E that is filled out in accordance with MLD-FM-NMC1-01
- Copy of available prior CG-719-K or credential if applicant has previous waiver
- Copies of any supporting medical tests/findings per MLD-SP-NMC5-01

Comments (optional):

Submit Waiver Request package to the following address and note "Medical Waiver" on the bottom left corner:

**National Maritime Center**  
**Attn: Medical Branch**  
**150 East Burr Boulevard STE 200**  
**Kearneysville WV 25430**