

## GENERAL REQUIREMENTS FOR LICENSES

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
 DATE RECEIVED: \_\_\_\_\_

CLERK INITIALS	GENERAL REQUIREMENTS Reference <a href="#">46 CFR</a> ; <a href="#">Policy Letter 04-02</a>	REFERENCE	EVAL INITIALS
1.	CG-719B Application Complete		1.
2.	Explanation if YES marked in Section III of Application CG-719B		2.
3.	NDR Consent Signed on Application CG-719B	<a href="#">10.205(k)</a>	3.
4.	NDR Requested: _____ Date Requested: _____ <input type="checkbox"/> No Hit <input type="checkbox"/> Hit <input type="checkbox"/> Cleared Hit		4.
5.	Criminal Record Check Results:		5.
6.	Seaman Locator List Checked	<a href="#">MSM Vol. III, Ch. 1.G.2.a</a>	6.
7.	Oath Administered <i>(Original License only)</i>	<a href="#">10.202(d)</a>	7.
8.	<b>AGE:</b> <ul style="list-style-type: none"> <li>• Minimum age 21 <i>(see <a href="#">46 CFR 10.201(f)</a> and <a href="#">10.202(h)</a> for exceptions)</i></li> </ul>	<a href="#">10.201(f)</a> <a href="#">10.202(h)</a>	8.
9.	<b>CITIZENSHIP:</b> <ul style="list-style-type: none"> <li>• U.S. Citizenship:</li> <li>• Non-U.S. Citizenship (Aliens) <i>(OUPV undocumented vessels only):</i></li> </ul>	<a href="#">10.201(e)</a>	9.
10.	Social Security Number <i>(Original License only)</i>	<a href="#">MSM Vol. III, Ch. 1.H.4</a>	10.
11.	Fingerprint Cards (2) <i>(Original License only)</i>	<a href="#">10.201(h)</a>	11.
12.	First Aid Certificate <i>(Original License only)</i>	<a href="#">10.205(h)</a>	12.
13.	CPR Certificate <i>(Original License only)</i>	<a href="#">10.205(h)</a>	13.
14.	Character References (3) <i>(Original License only)</i>	<a href="#">10.205(f)</a>	14.
15.	Physical Examination CG-719K <i>(within 1 year for original; within 3 years for raise in grade)</i>	<a href="#">10.205(d)</a>	15.
16.	DOT/USCG Drug Test <i>(within 6 months)</i> or Enrollment in Drug Test Program	<a href="#">16.220</a>	16.
17.	Course Completion Certificate <i>(list course certificates under Notes)</i>		17.
18.	Camera Set-Up Form <i>(if getting new MMD)</i>		18.
19.	Recent Passport Photos (2) <i>(for STCW certificate)</i>		19.
20.	User Fees: <input type="checkbox"/> Eval <input type="checkbox"/> Exam <input type="checkbox"/> License Issue <input type="checkbox"/> MMD Issue <input type="checkbox"/> Other	<a href="#">10.109</a>	20.

NOTES: \_\_\_\_\_  
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\_\_\_\_\_  
 Evaluator's Signature and Date      *(Pending)*

\_\_\_\_\_  
 Evaluator's Signature and Date      *(Approved)*

**HIGHLIGHT IF APPLICABLE:**

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

**OK TO ISSUE (Circle Credential(s) Being Issued):**

License

MMD

STCW