

**OPERATOR OF UNINSPECTED PASSENGER VESSELS  
ALL ROUTES**

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

CLERK INITIALS	GENERAL REQUIREMENTS Reference <a href="#">46 CFR</a>	REFERENCE	EVAL INITIALS
1.	General Requirements Complete ( <i>U.S. Citizenship not required</i> )		1.
2.	<b>Recency</b> – 90 days in the last 3 years on vessels of appropriate tonnage.	<a href="#">10.202(e)</a>	4.
3.	<b>SERVICE:</b>		5.
	<b>A. NEAR COASTAL: 360 days</b> deck service in the operation of vessels, <b>including 90 days</b> service on ocean or near coastal waters.		
	<b>B. GREAT LAKES/INLAND: 360 days</b> deck service in the operation of vessels, <b>including 90 days</b> service on Great Lakes.		
	<b>C. INLAND: 360 days</b> deck service in the operation of vessels.		
4.	<b>ASSISTANCE TOWING ENDORSEMENT:</b> Must request and pass towing endorsement examination.	<a href="#">10.482</a>	6.
5.	<b>TESTING REQUIRED?</b> Yes. See exam guide.		7.

NOTES: \_\_\_\_\_

---



---



---



---



---



---



---

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

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

**OPERATOR OF UNINSPECTED PASSENGER VESSELS  
ALL ROUTES**

**NAME:** \_\_\_\_\_ **SOCIAL SECURITY #:** \_\_\_\_\_

Refer to the [Deck Exam Guide](#) for the most recent information.

		<i>1<sup>ST</sup> TEST:</i>	<i>2<sup>ND</sup> TEST:</i>	<i>3<sup>RD</sup> TEST:</i>
<b>MODULE</b>	<b>PASSING SCORE</b>	<i>#/Test Date/Score</i>	<i>#/Test Date/Score</i>	<i>#/Test Date/Score</i>
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /
		/ /	/ /	/ /

**EXAMINATION RESULTS:**

Exam Cycle Ends: \_\_\_\_\_

Earliest Re-Exam Date: \_\_\_\_\_

OK to Issue: \_\_\_\_\_

Do Not Issue Pending Receipt of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*\*\*

**LICENSE/MERCHANT MARINER'S DOCUMENT (MMD) TO BE ISSUED/ENDORSED:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_ Near Coastal Waters

\_\_\_\_ Great Lakes and Inland

\_\_\_\_ COLREGS Statement

\_\_\_\_ Inland

\_\_\_\_ Also, authorized to engage in commercial assistance towing

**HIGHLIGHT IF APPLICABLE:**

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

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

License

MMD

STCW