

## 2<sup>ND</sup> MATE OF STEAM & MOTOR ON OCEANS OR NEAR COASTAL

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SSN: \_\_\_\_\_

REFERENCE #: \_\_\_\_\_

Clerk	General Requirements	Comments/Date	Reference	Eval
	1. CG-719B Application		10.205(a)	
	2. Explanation for a YES in Section III <i>(if needed)</i>		10.201(a)	
	3. NDR Consent & Check		10.201(i)	
	4. Citizenship		10.201(e)	
	5. Identification & Age 21		10.105(c)/201(f)	
	6. CG-719K Physical Exam <i>(org 1yr; rig 3yr)</i>		10.205(d)/207(e)	
	7. Drug Testing Compliance <i>(within 6 mos)</i>		10.205(j)	
	8. Sea Service Letters or Discharges		10.205(e)	
	9. Copy of License, MMD, & STCW		10.209(a)(3)	
	10. Camera Set-Up Form w/Photos <i>(if needed)</i>		12.02-9(b)	
	11. Security Check / Fingerprints / SF-86		10.201(h)	
	12. Mariner Fees Entered in MMLD			
	13. Exam Codes Entered in MMLD <i>(if needed)</i>			

### Sea Service Requirements

**RECENCY** – (10.202(e)) – 90 days in the last 3 years on vessels of appropriate tonnage.

**2<sup>ND</sup> MATE** – (10.406)

- A. 360 days of service as OINCNW on Ocean steam or motor vessels while holding a license as 3<sup>rd</sup> Mate, **OR**
- B. 360 days of service while holding a 3<sup>rd</sup> Mate license, **OF WHICH**
  - 1. 180 days of service as OINCDW on Ocean steam or motor vessels, **AND**
  - 2. Service as AB, Boatswain, or Quartermaster while holding an AB accepted on a 2 for 1 basis for maximum of 180 days, **OR**
- C. A Master of GL &/or INL of AGT, may obtain this license by completing the prescribed examination.

**UNLIMITED TONNAGE** – (10.402(a))

- 1. All required service is on vessels over 200 GRT, **AND**
- 2. 50% of the required service on vessels over 1600 GRT.

**TONNAGE LIMITATION** – (10.402(b))

- A. Limited to max tonnage on which 25% of experience is obtained, **OR**
- B. Limited to 150% tonnage which 50% of service spent **WHICHEVER GREATER.**

**RADAR OBSERVER (UNLIMITED)** – (10.401(g)(2))

**AB** – (10.401(g)(3))

**FLASHING LIGHT** – (10.402(h))

**STCW** – (II/1, A-II/1, Policy Letter 01-02)

- A. Required Approved Courses
- B. OICNW-1-1A through OICNW-5-1C Assessments

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

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**MARK IF APPLICABLE:**

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

**O.K. To ISSUE:**

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Evaluator's Signature & Date (*Approved*)