

MASTER OF STEAM & MOTOR ON GREAT LAKES &/OR INLAND

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

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

MASTER – (10.433 & 10.435)

A. Great Lakes

1. 360 days of service as Mate or FCP while acting in the capacity of 1st Mate of GL vessels over 1600 GRT, **OR**
2. 720 days of service as Master INL vessels over 1600 GRT, **OR**
3. 360 days of service upon GL while holding a license as Mate or FCP of GL&INL of vessels over 1600 GRT, **OF WHICH**
 - 3a. 180 days of service as 1st Mate, **AND**
 - 3b. Service as 2nd Mate accepted on a 2 for 1 basis for a maximum of 180 days.

B. Inland

1. 360 days service as FCP or Mate (other than canal & small lakes routes) of AGT, **OR**
2. 720 days of service as Wheelsman or QM while holding a Mate or FCP license.

C. Master of GL &/or INL of AGT, may obtain 2nd Mate Oceans or N/C by completing the prescribed examination. (10.403)

UNLIMITED TONNAGE – (10.431(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 – (10.401(g)(2))

AB – (10.401(g)(3))

NOTES: _____

MARK IF APPLICABLE:

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

O.K. To ISSUE:

Evaluator's Signature & Date (*Approved*)