

MATE OF UNINSPECTED FISHING INDUSTRY VESSELS

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. Oath <i>(original only)</i>		10.202(d)	
	5. Citizenship		10.201(e)	
	6. Identification & Age 21		10.105(c)/201(f)	
	7. Social Security Number <i>(original only)</i>		MSM 3 1.H.4	
	8. CG-719K Physical Exam <i>(org 1yr; rig 3yr)</i>		10.205(d)/207(e)	
	9. Drug Testing Compliance <i>(within 6 mos)</i>		10.205(j)	
	10. Sea Service Letters or Discharges		10.205(e)	
	11. 3 Letters of Recommendation <i>(original only)</i>		10.205(f)	
	12. Approved Course Certificates		10.301	
	13. First Aid <i>(original only)</i>		10.205(h)(1)	
	14. CPR <i>(original only)</i>		10.205(h)(2)	
	15. Firefighting Course (Basic & Advance) <i>(original only)</i>		10.205(g)	
	16. Copy of License, MMD, & STCW		10.209(a)(3)	
	17. Camera Set-Up Form w/Photos <i>(if needed)</i>		12.02-9(b)	
	18. Security Check / Fingerprints / SF-86		10.201(h)	
	19. Mariner Fees Entered in MMLD			
	20. 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.

MATE – (10.462(d))

- A. 1080 days of service on Ocean or N/C, **OF WHICH**
 1. 540 days of service must be in Ocean or N/C waters.

TONNAGE CALCULATIONS – (10.462(d1-3))

- A. **500 GRT** – 360 days of service must have been on vessels over 50 GRT.
 B. **1600 GRT** – 360 days of service must have been on vessels over 100 GRT.
 C. **5000 GRT** – Limited to max tonnage on which 25% of experienced is obtained, **OR**
 Limited to 150% tonnage which 50% of service obtained, **whichever greater.**
 Limitations are in multiples of 1000 GRT, using next higher figure when an intermediate tonnage is calculated.

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

AB – (10.401(g)(3))

FLASHING LIGHT – (10.401(h))

MARK IF APPLICABLE:

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

O.K. To ISSUE:

Evaluator's Signature & Date (*Approved*)