

2ND ASSISTANT ENGINEER OF STEAM / MOTOR / GAS TURBINE

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 horsepower.

2ND A/E – (10.514)

- A. 360 days of service as an assistant engineer, while holding a 3rd A/E license, **OR**
- B. 360 days of service while holding a 3rd A/E license, **OF WHICH**
 - 1. 180 days of service as 3rd A/E, **AND**
 - 2. QMED service (accepted on a 2 for 1 basis), for remainder of 360 days, **OR**
- C. 360 days service as Chief Engineer (Limited-Oceans) with appropriate examination.

PROPULSION – (10.502(a))

- A. At least 1/3 of the minimum service requirements must have been on the particular mode of propulsion for which applied.
- B. For Gas Turbine Propulsion Mode refer to NVIC 2-01.

HORSEPOWER – (10.503(b))

- A. Unlimited Horsepower: At least 50% of required service on vessels over 4000 HP, **OR**
- B. Limited Horsepower: Max HP that 25% of the required service was obtained or 150% HP on which at least 50% of the required service was obtained **WHICHEVER GREATER.**

NOTES: _____

MARK IF APPLICABLE:

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

O.K. To ISSUE:

Evaluator's Signature & Date (*Approved*)