Assistant Engineer (Limited-Oceans) of Steam / Motor / Gas Turbine

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	(if needed)		10.201(a)	
	3. NDR Consent & Check			10.201(i)	
	4. Oath	(original only)		10.202(d)	
	5. Citizenship			10.201(e)	
	6. Identification & Age 19			10.105(c)/201(f)(1)	
	7. Social Security Number	(original only)		MSM 3 1.H.4	
	8. CG-719K Physical Exam	(org 1yr; rig 3yr)		10.205(d)/207(e)	
	9. Drug Testing Compliance	(within 6 mos)		10.205(j)	
	10. Sea Service Letters or Discharges			10.205(e)	
	11. 3 Letters of Recommendation	(original only)		10.205(f)	
	12. Approved Course Certificates	(BST for stcw)		10.301	
	13. First Aid	(original only)		10.205(h)(1)	
	14. CPR	(original only)		10.205(h)(2)	
	15. Firefighting Course (Basic & Advance)	(original only)		10.205(g)	
	16. Lifeboatman Course	(original only)		STCW AIII/1	
	17. Medical First Aid	(original only)		PL 09-99	
	18. Copy of License, MMD, & STCW			10.209(a)(3)	
	19. Camera Set-Up Form w/Photos	(if needed)		12.02-9(b)	
	20. Security Check / Fingerprints / SF-86			10.201(h)	
	21. Mariner Fees Entered in MMLD				
	22. Exam Codes Entered in MMLD	(if needed)			
Sea Ser	vice Requirements				
RECE	NCY (10.202(e)) 90 days in the last 3 years on	vessels of appropr	riate horsepower.		
A/E (LIMITED-OCEANS) – (10.522)				
A.	1080 days of service in the engineroom, WIT	H 540 days as QM	IED or equivalent		
	supervisory position,		1		
B.	180 days of service gained on the deck depart	tment may be subs	stituted. (10.504)		
	ULSION – (10.502(a))	·			
	At least $1/3$ of the minimum service requirem	ents must have bee	en on the particular mode		
	of propulsion for which applied.				
B.	For Gas Turbine Propulsion Mode refer to N	VIC 2-01.			
	SEPOWER – (10.503(b))				
		ired service on vess	sels over 4000 HP OR		
	Unlimited Horsepower: At least 50% of required service on vessels over 4000 HP, OR Limited Horsepower: Max HP that 25% of the required service was obtained or 150% HP			,	
Ъ.	on which at least 50% of the required service				

Notes:

MARK IF APPLICABLE:

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

O.K. TO ISSUE:

Evaluator's Signature & Date (Approved)

MLD-FM-REC-158 (05)