

CERTIFICATE OF REGISTRY / STAFF OFFICERS

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. Drug Testing Compliance <i>(within 6 mos)</i>		10.205(j)	
	9. Experience Requirement Letters or Discharges		10.205(e)	
	10. 3 Letters Of Recommendation <i>(original only)</i>		10.205(f)	
	11. First Aid <i>(original only)</i>		10.205(h)(1)	
	12. CPR <i>(original only)</i>		10.205(h)(2)	
	13. Copy of License, MMD, & STCW		10.209(a)(3)	
	14. Camera Set-Up Form w/Photos <i>(if needed)</i>		12.02-9(b)	
	15. Security Check / Fingerprints / SF-86		10.201(h)	
	16. Mariner Fees Entered in MMLD			

Experience Requirements

PURSER & MEDICAL OFFICERS – (10.807)

- A. **Jr. Assistant Purser** – Letter of commitment.
- B. **Sr. Assistant Purser** – 180 days of service related to the purser’s office.
- C. **Purser** – 360 days of service related to the purser’s office.
- D. **Chief Purser** – 720 days of service related to the purser’s office.
- E. **Medical Doctor** – Valid medical license issued by a state or territory.
- F. **Professional Nurse** – Valid nurse license issued by a state or territory.

SHORE EMPLOYMENT – (10.807(b)) – Counted two for one.

APPLY OR HOLD A MMD – (10.805(b))

NOTES: _____

O.K. To ISSUE:

Evaluator’s Signature & Date (*Approved*)