

## OPERATOR OF UNINSPECTED PASSENGER VESSELS ALL ROUTES

**NAME:**

**DATE:**

**SSN#:**

**REFERENCE #:**

Clerk	General Requirements	Comments/Date	Reference	Eval				
	1. CG-719B Application		10.205(a)					
	2. NDR Consent & Check		10.201(i)					
	3. Oath <span style="float: right;"><i>(Original Only)</i></span>		10.202(d)					
	4. Explanation <span style="float: right;"><i>(If Needed)</i></span>		10.201(a)					
	5. Fingerprint Results <span style="float: right;"><i>(Original Only)</i></span>		10.201(h)					
	6. Letters Of Recommendation <span style="float: right;"><i>(Original Only)</i></span>		10.205(f)					
	7. Old License, MMD, & STCW <span style="float: right;"><i>(If Applicable)</i></span>		10.209(a)					
	8. CG-719K Physical Exam		10.205(d)					
	9. Drug Testing Compliance		10.205(j)					
	10. Sea Service		10.205(e)					
	11. Course Or Test:		10.301					
	12. CPR <span style="float: right;"><i>(Original Only)</i></span>		10.205(h)					
	13. First Aid <span style="float: right;"><i>(Original Only)</i></span>		10.205(h)					
	14. Identification & Age 18 <span style="float: right;"><i>(Original Only)</i></span>		10.201(f)					
	15. SSN# Card <span style="float: right;"><i>(Original Only)</i></span>		MSM 3 1.H.4					
	16. Citizenship <span style="float: right;"><i>(Original Only)</i></span>		10.201(e)					
	17. Security Check <span style="float: right;">Priority Code:</span>							
Cashier	Fees						10.109	
	Codes:	Amount:	Cash	Check #	MO#	CC#	Date:	
	Codes:	Amount:	Cash	Check #	MO#	CC#	Date:	
Sea Service								
<b>RECENTRY</b> – (46 CFR 10.202(e)) – 90 days in the last 3 years.								
<b>OPERATOR OF UNINSPECTED PASSENGER VESSELS</b> – (46 CFR 10.467)								
A. <b>Near Coastal</b> – 360 days deck service <b>INCLUDING</b>								
1. 90 days service on oceans or near coastal waters.								
B. <b>Inland</b> – 360 days of deck service.								
C. <b>Great Lakes</b> – 360 days deck service <b>INCLUDING</b>								
1. 90 days service on Great Lakes.								

**NOTES:**

**MARK IF APPLICABLE:**

Restricted Service

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

**O.K. To ISSUE:**

: Grade

Evaluator's Signature & Date *(Approved)*

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**NAME:**

**SOCIAL SECURITY #:**

**DATE:**

Refer to the [Deck Exam Guide](#) for the most recent information.

		TEST:			TEST:			TEST:		
MODULE	PASSING SCORE #/Test	#/Test	Date	Score	#/Test	Date	Score	#/Test	Date	Score

**EXAMINATION RESULTS:**

Exam Cycle Ends:  
OK to Issue:

Earliest Re-Exam Date:  
Do Not Issue Pending Receipt of:

\*\*\*\*\*  
**LICENSE/MERCHANT MARINER'S DOCUMENT (MMD) TO BE ISSUED/ENDORSED:**

Near Coastal Waters

Great Lakes and Inland

COLREGS Statement

Inland

Also, authorized to engage in commercial assistance towing

**HIGHLIGHT IF APPLICABLE:**

Vision Waiver (Local) (HQ)

Physical Waiver (Local) (HQ)

**OK TO ISSUE** (*Circle Credential(s) Being Issued*):

License

MMD

STCW