

# UPGRADING APPLICATION

Name \_\_\_\_\_

Address (include city, state and ZIP) \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cellular) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Deep Sea Member  Lakes Member  Inland Waters Member

*If the following information is not filled out completely, your application will not be processed.*

Social Security # \_\_\_\_\_ Book # \_\_\_\_\_

Seniority \_\_\_\_\_ Department \_\_\_\_\_

Home Port \_\_\_\_\_

Endorsement(s) or License(s) now held \_\_\_\_\_

Are you a graduate of the SHLSS/PHC trainee program?  Yes  No

If yes, class # \_\_\_\_\_

Have you attended any SHLSS/PHC upgrading courses?  Yes  No

If yes, course(s) taken \_\_\_\_\_

***With this application, COPIES of the following must be sent: One hundred and twenty-five (125) days seatime for the previous year, one day in the last six months prior to the date your class starts, USMMD (z-card) front and back, front page of your union book indicating your department and seniority, qualifying seatime for the course if it is Coast Guard tested, '95 STCW Certificate, valid SHBP clinic card and TWIC.***

COURSE	BEGIN DATE	END DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LAST VESSEL: \_\_\_\_\_ Rating: \_\_\_\_\_

Date On: \_\_\_\_\_ Date Off: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

***NOTE: Transportation will be paid in accordance with the scheduling letter only if you present original receipts and successfully complete the course. Not all classes are reimbursable. If you have any questions, contact your port agent before departing for Piney Point.***

*RETURN COMPLETED APPLICATION TO: Paul Hall Center for Maritime Training and Education, Admissions Office, P.O. Box 75, Piney Point, MD 20674-0075; or fax to (301) 994-2189*

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