

MERCHANT MARINER CREDENTIAL APPLICATION THIRD PARTY AUTHORIZATION

I _____ (print full name), authorize the U.S. Coast Guard National Maritime Center (NMC) to disclose information and/or records regarding my **current credential application** to/with the Third Party authorized, to include only those boxes checked below.

Taking this action is entirely voluntary; you are under no obligation to consent to the release of your information to any third party.

Act on my behalf in **ALL MATTERS** pertaining to the processing of my current U.S. Coast Guard credential application.

Or, Matters Specifically Pertaining to

Professional qualifications, certification records, or sea service time.

Any medical information related to the processing of my current application for a Merchant Mariner Credential.

Safety and Suitability.

Official correspondence and/or previous Merchant Mariner Credentials.

Mail my credential to the third party listed below.

Third Party Information:

Authorized Person's Name: (Last, First MI)	Organization: (if applicable)
Authorized Person's Mailing Address:	Authorized Person's Phone Number:
	Authorized Person's Email Address (optional):

This authorization expires upon final agency action regarding my current application for a Merchant Mariner Credential.

Mariner's Signature: _____ Date: _____
(MM/DD/YYYY)

Mariner's Reference Number or Last 4 of Social Security Number:

You may send the release to the NMC by the four methods listed below:

- Include it with your credential application packet
- Scan the signed release and email it to IASKNMC@uscg.mil
- Fax the signed release to (304) 433-3416
- Mail the signed release to the NMC at 100 Forbes Drive, Martinsburg, WV 25404