

SAMPLE THIRD PARTY AUTHORIZATION FORM

I _____, authorize the United States Coast Guard (USCG) National Maritime Center to release any information regarding my current merchant mariner credential application to the Third Party listed below, including:

Completed merchant mariner credential(s).

Any documentation related to professional qualifications, training/certification records, sea service time or USCG requests for evidence of same.

Any documentation related to identification, citizenship/nationality, criminal record reviews USCG requests for evidence of same.

Any documentation related to medical / physical competency and USCG requests for evidence of same.

Act on my behalf in all matters pertaining to the processing of my current USCG merchant mariner credential application.

Third Party:

(Name of Organization or Person)

(Address)

(Address continued)

(Address continued)

(Mariner's Signature)

(Date)

(Witness Signature)

(Date)