

U.S. Coast Guard

Exp. Date: 09/30/2028

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)

For Service on Vessels of Less Than 200 Gross Register Tons Only

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.

AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. §§ 2103, 7101, 7302, 7502; and 46 CFR Part 10.**PURPOSE:** To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC).**ROUTINE USES:** Authorized U.S. Coast Guard (USCG) officials will use this information to determine if an applicant meets the qualifications to be issued a MMC, any endorsement within the MMC, or a medical certificate. Additionally, the USCG will use this information to maintain and update merchant mariner transactions. Any external disclosures of information within this record will be made in accordance with DHS/USCG-030, Merchant Seamen's Records, 76 Federal Register 66933 (June 25, 2009).**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary (including your Social Security number (SSN)). However, failure to provide this information may result in the non-issuance of the MMC.**Section I: Applicant Information (Note: Complete One Form Per Vessel)**

Name Last	First	Middle	Reference Number (if applicable)	Social Security Number

Vessel Name	Official number(s) listed on the registration, certificate, or document

Vessel Gross Tons	Length Feet	Inches	Width (if known) Feet	Inches	Depth (if known) Feet	Inches

Propulsion (Motor/Steam/Gas Turbine/Sail/Aux Sail)	Served As (Master/Mate/Operator/Deckhand/Engine etc.)

Name of Body or Bodies of Water Upon Which Vessel was Underway (Geographic Locations)

Section II: Record of Underway Service

In the block under the appropriate month, write in the number of days you served for that year (you can show more than one year)

January		February		March		April	
Year	Days	Year	Days	Year	Days	Year	Days
2026		2026		2026		2026	
2025		2025		2025		2025	
2024		2024		2024		2024	
2023		2023		2023		2023	
2022		2022		2022		2022	
May		June		July		August	
Year	Days	Year	Days	Year	Days	Year	Days
2026		2026		2026		2026	
2025		2025		2025		2025	
2024		2024		2024		2024	
2023		2023		2023		2023	
2022		2022		2022		2022	
September		October		November		December	
Year	Days	Year	Days	Year	Days	Year	Days
2026		2026		2026		2026	
2025		2025		2025		2025	
2024		2024		2024		2024	
2023		2023		2023		2023	
2022		2022		2022		2022	

Total number of days served on this vessel:		Number of days served on Great Lakes:	
Average hours underway (per day)?		Number of days served on waters shoreward of the boundary line as defined in 46 CFR Part 7:	
Average distance offshore:		Number of days served on waters seaward of the boundary line as defined in 46 CFR Part 7:	

SMALL VESSEL SEA SERVICE FORM (OPTIONAL CG-719S)

Section III: Signature and Verification - Applicant Read Before Signing!

- Owners of vessels may attest to their own experience and provide proof of ownership per 46 CFR 10.232.
- Those who do not own their own vessel must obtain letters or other evidence from licensed personnel or the owners of the vessels listed per 46 CFR 10.232.

I certify that I have served on the above vessel as stated. I am making this statement in order that I, the applicant, may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature of Applicant

X _____

Date (MM/DD/YYYY)

Owner, Operator or Master Read Before Signing! I certify that the above individual has served on the above vessel as stated. I am making this statement in order that the applicant may obtain a credential to operate a vessel under the provisions of Title 46 CFR, as applicable. I understand that if I make any false or fraudulent statement in this certification of service, I may be subject to a fine or imprisonment of up to five (5) years or both (18 U.S.C. 1001).

Signature and Title of Person Attesting to Experience

X _____

Date (MM/DD/YYYY)

Owner's, Operator's, or Master's Name

Last

First

Middle

Owner's, Operator's, or Master's address and phone number

Street Address

Email Address (Optional)

City

State

Zip Code

Phone

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.