

Membership Affiliation: **Chevron**



AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

To The Officers and Members of:

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) of the NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)

I hereby apply for membership in the District No. 1-PCD, M.E.B.A. (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, M.E.B.A. (AFL-CIO) as my sole collective bargaining representative to represent me and, on my behalf, to negotiate and conclude all agreements as to wages, hours of labor, and other employment conditions.

It is understood that the Union has the absolute right to reject or terminate this Application at any time prior to my admission as a member into the Union. I also understand that in the event I voluntarily terminate my applicant status or I am dropped from applicant status due to non-payment of service fees, I shall not be entitled to any refund or reimbursement of such service fees.

I understand and agree that it shall be exclusively my obligation to notify the Union in writing when I have fulfilled the requirements for membership as set forth in the Constitution, By-Laws, Rules and Regulations of the Union, and any applicable Application Information Fact Sheet which are available upon request.

Pending my admission as a member into the Union, I shall be obligated to pay to the Union a service fee equal to what is being paid by members of their dues and I shall be entitled to exercise and enjoy only such rights and privileges (including shipping rights) as may be accorded to me under the outstanding Constitution, By-Laws, Rules, Regulations of the Union, and any applicable Application Information Fact Sheet.

It is further understood and agreed that the processing of my application for membership is subject to and conditioned upon the Constitution, By-Laws, Rules and Regulations of the Union and any applicable Application Information Fact Sheet covering such subject.

	<u> </u>
(Print Name of Applicant)	
(Signature of Applicant)	(Date)

M.E.B.A. MEMBER & APPLICANT DATA SHEET

Name:	Gend	er (M/F):
(Last)	(First) (M.I)	, ,
(Social Security Number)	(Home Phone Number)	(Cell Phone Number)
Address of Record:		
(Street Address)	(City, State)	(Zip)
Mailing Address: (If same as	address of Record put "same")	
(Street Address)	(City, State)	(Zip)
(E-mail Address)	(M.E.B.A. Book Number	er) (Book Issued: Mo/Day/Y
(Birth Date)	(Birthplace: City/State/Country)	(Date Naturalized, City)
(Current MMC Endorsements)		
(Endorsements continued)	(Reference Number)	(MMC Expiration)
(TWIC Number)		(TWIC Expiration)
(Passport Number)		(Passport Expiration)
Next of Kin:		
(Name: Last, First)		(Relationship)
(Contact Address)		(Phone Number)
Personal Information:		
(Status: Single, Married, Divorced)	(Name of Spouse)	(Number of Dependents)
(Height)	(Weight) (Ey	e Color) (Hair Color)
Signature:	Dat	e:

I. PRIOR MEMBERSHIP Have you ever previously made application for M.E.B.A. membership? If **Yes**, Where: _____ When:____ (Date of Application) __Dropped __ Withdrawn Prior Membership __ Rejected Have you ever been found guilty of charges or suspended from the shipping or night list in this Union? _____. If Yes, explain reason: _____ II. PRESENT/PRIOR EMPLOYMENT: Have you ever been employed as a licensed marine officer on U.S. flag vessels not working under a contract to District No. 1 – PCD, MEBA? (Yes or No) If **Yes**, supply information covering ALL such employment (use separate sheet if necessary): COMPANY/UNION **SHIP** RATING FROM TO List all Employment in the last three (3) years not listed above (use separate sheet if necessary) **COMPANY** CITY/STATE **POSITION** FROM TO III. EDUCATION Are you a Maritime Academy graduate? ____ (Yes or No) (Academy) (Graduation Date) (If no, then what is the Highest Level of Education for which you have received a diploma?) (Name of School; City, State and Year Graduated) **IV. UNION AFFILIATIONS** (Check here if none ____) Present Union Affiliations (Refer to Obligation for other licensed marine officers' organizations): _____ Status __ Name (Present Union and Local) (Member, Applicant, Journeyman, Apprentice) Former Union Affiliations Other Than District No. 1 – PCD, MEBA: _____ Status _ Name (Suspended, dropped, expelled, withdrew) (Former Union and Local)



Chevron Information Fact Sheet



Attachment to the Application for Membership for those Applicants Applying for Membership under the Provisions of the Rules and Regulations of the Chevron Organizing Program of District No. 1-PCD, Marine Engineers' Beneficial Association, AFL-CIO. Full membership in District No. 1-PCD, Marine Engineers' Beneficial Association, AFL-CIO will be granted to you under the provisions of the District Chevron Organizing Program *without payment* of the Organization's Initiation Fee (\$4,000) under the following conditions:

- 1. You are employed as a licensed Marine Officer on a Chevron vessel.
- 2. You must complete the proper authorization and application for membership. The application should be reviewed and witnessed by an official of the District and filed with District Headquarters.
- 3. You agree to pay the regular service charge quarterly during the period of your applicant status and thereafter if elected to membership. The current quarterly service charge is \$150.00 per calendar quarter.
- 4. The District Investigating Committee will review your application for membership. Your application will be processed immediately after the payment of the initial quarterly service charge. If the District Investigation Committee, at its discretion, rejects your application, you will be so notified and any service charge payment will be refunded.
- 5. Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership under the District's Chevron Organizing Program. An applicant book will then be issued to you. An application for your applicant book may be made at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office.
- 6. When you have completed 720 continuous days of employment (sea days) not including vacation time working under the authority of your license as a Marine Officer with vessels of the Chevron fleet and have paid the regular quarterly service charges to the District for the entire duration of obtaining the aforementioned 720 Chevron sea days, you should verify and submit same to the District Investigating Committee. This will act as a request for review of your application for membership. At the same time, you should apply for a group shipping card. Current policies and rules would grant you a Group II shipping card. All renewals of group shipping cards will be in accordance with the shipping rules and District Executive Committee (DEC) policies in effect at the time of renewal. This may be done at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office. The District Investigating Committee meets from time to time and your application will be reviewed in turn and in accordance with the requirements contained in this fact sheet and further subject to the requirements of all Deep Sea applicants for membership, unless modified herein. The District Investigating Committee will then issue a

Revised: 2/14/18



I, of my own free will and accord, do hereby solemnly and sincerely promise, swear and affirm that I will never impart any internal documents, contracts, proceedings of any meetings or any other verbal or written information deemed confidential or proprietary of the District No. 1 – PCD, M.E.B.A. (AFL-CIO) to any person not duly and justly qualified to receive same. I also bind myself not to join or belong to any other organization of licensed marine officers while I am a member or an applicant of this Organization. I also will not accept any employment outside of the M.E.B.A. utilizing my marine officer license without the permission of the Union in accordance with the M.E.B.A. By-Laws and Shipping Rules. I will faithfully obey and use my earnest endeavors to carry out the provisions of the Constitution, By-Laws, Shipping Rules and Regulations of the National Marine Engineers' Beneficial Association (AFL-CIO) and of this Organization and its Affiliates.

I have carefully read and signed the Obligation of my own free will and accord. It being understood that it in no way will interfere with my Social, Political or Religious rights.

Further, I understand that as an M.E.B.A. applicant, I will voluntarily relinquish any job received through this organization if I fail to become an elected member of this organization within the required time.

(Signature of Applicant)	(Date)
(Print Name of Applicant)	(Social Security Number)
(Witness)	

report with its recommendations to the membership. The membership votes to approve or reject applications at regular monthly meetings.

- 7. If you are advised of your acceptance as a member of District No. 1-PCD, M.E.B.A., AFL-CIO, you may then apply for your membership book. This and any application for a renewal or a change in group shipping card may also be made at any District No. 1-PCD, M.E.B.A., AFL-CIO branch office. **Note**: Membership and group shipping status are not the same. Membership is governed by the M.E.B.A. Constitution and By-Laws and group shipping status by the Shipping Rules.
- 8. If you elect to quit the Chevron Fleet, or your employment is terminated for reasons not related to union activity prior to completing the two years sea service (720 sea days as aforesaid) and, thereafter, seek or obtain employment aboard vessels covered by the District's agreements, you will then be required to file a new authorization and application for membership with the District under the then existing requirements for application for membership and at such time as applications are being accepted for membership; if you apply through this method, you will incur the standard initiation fee. The stated purpose of the Program is to organize the Chevron Fleet and strengthen the District in Fleets not already covered by our standard contract. The Union, therefore, expects that the applicant will complete the requirements set forth in the Organizing Program and any failure to complete the requirements will forfeit and void the authorization and application that was made by you for membership.
- 9. Unless, otherwise, specifically modified by this attachment to the application for membership, your application for membership is subject to all the rules, regulations, terms and conditions contained in the National M.E.B.A. Constitution, Constitution of District No. 1-PCD, M.E.B.A., By-Laws of District No. 1-PCD, M.E.B.A., Shipping Rules, and the Rules and Regulations promulgated by the National Executive Committee and/or the District No. 1-PCD, M.E.B.A. Executive Committee.

I have read, understood, and agree	ed to the above provisions as witness my hand and seal this
day of	
(SEAL) Witness	Signature of Applicant
(SEAL)	Print Name of Applicant

Revised: 2/14/18



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Inforthan the first day of employment		•			st complete an	d sign Se	ection 1 o	of Form I-9 no later
Last Name (Family Name)	First Nar	me (Given Name	;)		Middle Initial	Other L	s Used (if any)	
Address (Street Number and Name)	1	Apt. Number	City o	or Town		1	ZIP Code	
Date of Birth (mm/dd/yyyy) U.S.	Social Security Num	ber Employ	ee's E	-mail Addre	ess	Telephone Number		
am aware that federal law pro-	of this form.					or use of	false do	cuments in
attest, under penalty of perjur	y, maci am (chec	or one of the f	Ollow	ing boxes	5).			
1. A citizen of the United States	:t1.0tt (O :	. (
2. A noncitizen national of the Un	,							
3. A lawful permanent resident				<u> </u>				
4. An alien authorized to work use Some aliens may write "N/A" in			-	_		_		
Aliens authorized to work must prov An Alien Registration Number/USCI	ide only one of the f	following docume	ent nun	nbers to co			De	QR Code - Section 1 Not Write In This Space
Alien Registration Number/USCI OR	S Number:				_			
2. Form I-94 Admission Number:					_			
OR 3. Foreign Passport Number:								
Country of Issuance:					_			
Signature of Employee					Today's Dat	e (mm/dd/	/уууу)	
Preparer and/or Translato I did not use a preparer or translate (Fields below must be completed	tor. A prepar	rer(s) and/or trans	slator(s				-	
attest, under penalty of perjur		sisted in the co	omple	tion of S	ection 1 of th	is form a	and that	to the best of my
Signature of Preparer or Translator	de and correct.					Today's [Date (mm/	(dd/yyyy)
Last Name (Family Name)				First Name	e (Given Name)			
Address (Street Number and Name)		-	City or	Tours			State	ZIP Code

Employer Completes Next Page





Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification
(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You

must physically examine one docur of Acceptable Documents.")										rom List C as listed on the "Lists
Employee Info from Section 1	Last Nan	ne <i>(Fam</i>	ily Name)		First N	ame (Giver	n Name	e) N	И.I.	Citizenship/Immigration Status
List A Identity and Employment Aut	horization	OR 1			ist B entity		AN	ID		List C Employment Authorization
Document Title			Document T	itle				Documer	nt Title	
Issuing Authority			ssuing Auth	ority				Issuing A	Authorit	ty
Document Number			Document N	lumber				Docume	nt Num	ber
Expiration Date (if any)(mm/dd/yyy	ry)		Expiration D	ate (if an	y)(mm/dd/s	vyyy)		Expiratio	n Date	(if any)(mm/dd/yyyy)
Document Title										
Issuing Authority			Additiona	Informa	tion					QR Code - Sections 2 & 3 Do Not Write In This Space
Document Number										
Expiration Date (if any)(mm/dd/yyy	ry)									
Document Title										
Issuing Authority										
Document Number										
Expiration Date (if any)(mm/dd/yyy	y)									
Certification: I attest, under per (2) the above-listed document (employee is authorized to world	s) appea	r to be	genuine ar							
The employee's first day of e				/):		(5	See in:	struction	ns for	exemptions)
Signature of Employer or Authorize	ed Repres	entative		Today's I	Date(mm/d	dd/yyyy)	Title o	of Employe	er or A	uthorized Representative
Last Name of Employer or Authorized	Representa	ative F	First Name of	Employer	or Authorize	ed Represent	ative	Employe	er's Bus	siness or Organization Name
Employer's Business or Organizati	on Addres	ss (Stree	t Number a	nd Name)	City or	Town		1	Sta	te ZIP Code
Section 3. Reverification	and Re	hires (To be com	pleted a	nd sianed	d bv emplo	ver or	authoriz	ed rep	presentative.)
A. New Name (if applicable)		,		•						e (if applicable)
Last Name (Family Name)		First Na	me (Given I	Name)		Middle Initi	al I	Date (mm.	/dd/yyy	/y)
C. If the employee's previous grant continuing employment authorization					ed, provide	the informa	ation fo	r the docu	ıment o	or receipt that establishes
Document Title					ment Num	ber			Expira	tion Date (if any) (mm/dd/yyyy)
I attest, under penalty of perjur the employee presented docun										
Signature of Employer or Authorize					m/dd/yyyy)					zed Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	۱D	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH
	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth,	2.	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of Birth Abroad issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card	3.	by the Department of State (Form FS-545) Certification of Report of Birth issued by the Department of State (Form DS-1350)
	 because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; 		U.S. Military card or draft record Military dependent's ID card U.S. Coast Guard Merchant Mariner Card	4.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	and (2) An endorsement of the alien's nonimmigrant status as long as		Native American tribal document Driver's license issued by a Canadian	5.	Native American tribal document U.S. Citizen ID Card (Form I-197)
	that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		For persons under age 18 who are unable to present a document listed above:	7.	Identification Card for Use of Resident Citizen in the United States (Form I-179)
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		10. School record or report card11. Clinic, doctor, or hospital record12. Day-care or nursery school record	8.	Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form I-9 11/14/2016 N Page 3 of 3



M.E.B.A. Political Action Fund

Marine Engineers' Beneficial Association 444 North Capitol Street, N.W. Suite 800 Washington D.C. 20001

M.E.B.A.'s Political Action Fund (PAF) is a key tool that enables our Union to solidify the Union's political relationships in Congress. This is crucial for the continued viability of the U.S. Merchant Marine. We all benefit from a strong political advocacy program.

Yes, I want to concerns of member sending a one-time of	s through M.	E.B.A.'s legi	slative and p	olitical activ	rities. I am
□ \$10	□ \$25	□ \$50	□ \$100	□	
The best way to me electronic payment i Please register and u name + first initial of – examp	s through the I se your M.E.B.	M.E.B.A. we A. Control 1 e + last four	bsite located a Number (first t digits of your	t <u>www.mebat</u> hree letters o Social Securi	union.org f your last
Name:	Si	gnature:			
Mailing Address					
Date:	Social Sec	urity # (las	t 4 digits)		
Email Address:			Cell #		

You are free to contribute more or less than the suggested amounts above. PAF contributions are voluntary and not a condition of membership in or employment through the M.E.B.A. You may refuse to contribute without reprisal. The M.E.B.A.'s PAF will use voluntary contributions for purposes including, but not limited to, making contributions to and expenditures for candidates for federal, state, and local offices. Contributions to the PAF are not deductible as charitable contributions for federal tax purposes. Federal law requires political committees to report to the Federal Election Commission each individual whose contributions aggregate in excess of \$200 in a calendar year. This authorization shall remain in full force and effect until revoked in writing by me to the Administrator of the M.E.B.A. Vacation Plan.

Non-Discrimination Notice

The Marine Engineers' Beneficial Association (M.E.B.A.) does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations. These activities include, but are not limited to, applying for membership in M.E.B.A., membership in M.E.B.A., hiring and firing of staff, selection of volunteers and vendors, and provision of services. We are committed to providing an inclusive and welcoming environment for all members of our staff, clients, volunteers, subcontractors, vendors, and clients.

M.E.B.A. is an equal opportunity employer. We will not discriminate and will take affirmative action measures to ensure against discrimination in membership, employment, recruitment, advertisements for employment, compensation, termination, upgrading, promotions, and other conditions of employment against any employee or job applicant on the bases of race, color, gender, national origin, age, religion, creed, disability, veteran's status, sexual orientation, gender identity or gender expression.

Union Members: Know Your Rights



U.S. Department of Labor Washington, D.C. 20210

Office of Labor-Management Standards

The Labor-Management Reporting and Disclosure Act (LMRDA) guarantees certain rights to union members and imposes certain responsibilities on union officers to ensure union democracy, financial integrity and transparency. The Office of Labor-Management Standards (OLMS) is the Federal agency with primary authority to enforce many LMRDA provisions. If you suspect a violation of these rights or responsibilities please contact the Department of Labor at 1-866-4-USA-DOL.

Union Member Rights

Bill of Rights - Union members have:

- equal rights to participate in union activities
- freedom of speech and assembly
- voice in setting rates of dues, fees, and assessments
- protection of the right to sue
- safeguards against improper discipline

Copies of Collective Bargaining Agreements -

Union members and nonunion employees have the right to receive or inspect copies of collective bargaining agreements.

Reports - Unions are required to file an initial information report (Form LM-1), copies of constitutions and bylaws, and an annual financial report (Form LM-2/3/4) with OLMS. Unions must make the reports available to members and permit members to examine supporting records for just cause. The reports are public information and copies are available from OLMS.

Officer Elections - Union members have the right to:

- nominate candidates for office
- run for office
- cast a secret ballot
- protest the conduct of an election

Officer Removal - Local union members have the right to an adequate procedure for the removal of an elected officer guilty of serious misconduct.

Trusteeships - Unions may only be placed in trusteeship by a parent body for the reasons specified in the LMRDA.

Protection for Exercising LMRDA Rights - A union or any of its officials may not fine, expel, or otherwise discipline a member for exercising any LMRDA right.

Prohibition Against Violence - No one may use or threaten to use force or violence to interfere with a union member in the exercise of LMRDA rights.

Union Officer Responsibilities

Financial Safeguards - Union officers have a duty to manage the funds and property of the union solely for the benefit of the union and its members in accordance with the union's constitution and bylaws. Union officers or employees who embezzle or steal union funds or other assets commit a Federal crime punishable by a fine and/or imprisonment.

Bonding - Union officers or employees who handle union funds or property must be bonded to provide protection against losses if their union has property and annual financial receipts which exceed \$5,000.

Labor Organization Reports - Union officers must:

- file an initial information report (Form LM-1) and annual financial reports (Forms LM-2/3/4) with OLMS.
- retain the records necessary to verify the reports for at least five years.

Officer Reports - Union officers and employees must file reports concerning any loans and benefits received from, or certain financial interests in, employers whose employees their unions represent and businesses that deal with their unions.

Officer Elections - Unions must:

- hold elections of officers of local unions by secret ballot at least every three years.
- conduct regular elections in accordance with their constitution and bylaws and preserve all records for one year.
- mail a notice of election to every member at least 15 days prior to the election.
- comply with a candidate's request to distribute campaign material.
- not use union funds or resources to promote any candidate (nor may employer funds or resources be used).
- permit candidates to have election observers.
- allow candidates to inspect the union's membership list once within 30 days prior to the election.

Restrictions on Holding Office - A person convicted of certain crimes may not serve as a union officer, employee, or other representative of a union for up to 13 years.

Loans - A union may not have outstanding loans to any one officer or employee that in total exceed \$2,000 at any time.

Fines - A union may not pay the fine of any officer or employee convicted of any willful violation of the LMRDA.

M.E.B.A. DATABASE UPDATE FORM

(Please fil<mark>l out this form completely)</mark>

Date Co	mpleted: _		E	mail Addr	'ess:		
Name: _			RS' BENEFIC				
	(Last)		(First)		(1	M.I.)	
(SSN	N – Last 4 D	Pigits) (Hon	ne Phone N	Jumber) (Cell Phone Number)			
——————————————————————————————————————		ng Address) at <u>Unlimited</u> Lic	ense	(City, Stat	te)	(Zip)	
Steam	Motor	Gas Turbine	Deck	MMC Expi	ration Date	:	
Chief	Chief	Chief	Master	•			
1 AE	1 AE	1 A E	C/M	STCW End	orsement E	xpiration Date	
2 AE	2 AE	2 AE	2 M				
3 AE	3 AE	3 AE	3 M	Mariner Re	ference Nu	mber:	
If highes	st License i	s <u>Limited</u> , spec	ify here:				
Mark all	certification	ns earned and da	ate on certi	ficate			
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	Peck			r - (5 years)			
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