

DISTRICT NO. 1-PCD, MEBA (AFL-CIO)
DEEP SEA FOLLOW-UP VERIFICATION FORM

For all individuals who applied under the 2003 provisions

TO: District Investigating Committee (DIC)
444 N. Capitol St, NW Suite 800,
Washington, DC 20001

(Today's date)

(Applicants Name: Please Print)

(Date of Application)

SSN: _____

Port: _____

In accordance with provisions of the Deep-Sea Applicants Information Fact Sheet, attached hereto are proof of successful completion of sixty (60) days of licensed sailing time on MEBA deep-sea contracted vessels within twelve (12) months of the date of application and a list with verifications of required sailing time.

Also in accordance with the Deep-Sea Applicants Information Fact Sheet, attached hereto is two letters of recommendation or the indication that one or both letters of recommendation have been forwarded to Headquarters directly

List sailing time in chronological order starting with the most recent time first and attach copies of discharges or letters of employment and also union dispatch slips. Sailing time must be under a District No. 1-PCD, MEBA (AFL-CIO) deep-sea contracted vessel. ROS time will only count five (5) for seven (7) days. Sailing time on Washington State Ferries or other non deep-sea unit that participates in the Pension Plan for completed assignments will count for up to thirty (30) days combined total. Time in other bargaining units, including federal, state and local government fleets, does not count. Vacation time, Port Relief or CMES time does not count.

NOTE: The sailing time and letter of recommendation requirements must be completed within one year from the date of application. If you are working as a licensed officer under a District No. 1-PCD, MEBA Deep-sea contract when the one-year expires, the time will automatically be extended to the completion of your assignment plus reasonable and necessary processing time.

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VESSEL	DATES		TO	DAYS

Total Days: _____

I hereby certify that the above time was after my date of application and was for completed assignments.

Attached find _____ letters of recommendation. _____ letters of recommendation have already been submitted to Headquarters.
(0,1, or 2) (0, 1, or 2)

Date

Applicant's Signature

SPACE BELOW FOR UNION USE ONLY

I hereby certify that I have verified the above submitted sailing time is for completed assignments. I have attached the two required letters of recommendation or if one or both letters are not attached, I have verified that the missing letter(s) have been received by Headquarters.

Port of: _____ Date: _____

Verified by: _____
(Signature of Union Official) (Title of Union Official)

NOTE: Although Dispatcher or other Office staff can assist with the verification process, the verification must be reviewed and signed by a full-time union official.