

I understand and agree that as an Applicant for Membership in District No. 1 - PCD, M.E.B.A., I will pay the Association's Initiation Fee of \$1,000.00 in accordance with the terms and conditions that are set forth below:

- 1. I hereby agree that upon accepting employment through the offices of District No. 1 PCD, M.E.B.A., to pay the initial 25% deposit on the full initiation fee, and to pay the sum of \$62.50 per month, each month, until the total sum of \$1,000.00 is paid.
- 2. The first payment shall be due and owing thirty (30) days after I first accept employment through the offices of District No. 1 PCD, M.E.B.A.
- (a) I understand that payments toward my Initiation Fee that become due and owing will be made payable to District No. 1 – PCD, M.E.B.A. and remitted C/O Comptroller, M.E.B.A. District No. 1 – PCD, M.E.B.A. (AFL-CIO), 444 North Capitol Street, N.W., Suite 800, Washington D.C. 20001.

(b)Acceptable forms of payment include personal checks, certified checks, money orders and/or Dues check-off authorization if applicable. Clearly indicate on the payment that it is for the Initiation Fee.

4. I understand that if my Initiation Fee is not paid in full after a 12-month period, subsequent to my first date of employment, I will be obligated to complete payment of the balance due on such Fee within thirty (30) days after the completion of said 12-month period.

I further understand that I will forfeit any monies paid toward such Initiation Fee if I do not comply with the above provisions of this Agreement.

WITNESS:

Signature of Applicant

Date

## AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

To The Officers and Members of:

## DISTRICT NO. 1-PCD, MEBA (AFL-CIO) of the NATIONAL MARINE ENGINEERS' BENEFICIAL ASSOCIATION (AFL-CIO)

I hereby apply for membership in the District No. 1-PCD, MEBA (AFL-CIO).

I do hereby authorize and designate the union, District No. 1-PCD, MEBA (AFL-CIO) as my sole collective bargaining representative to represent me and, in 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 initiation or service fees, I shall not be entitled to any refund or reimbursement of such initiation or 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.

(Print Name of Applicant)

(Signature of Applicant)

	MBER & APPLICANT D		<u> </u>		
Name:	G	ender (M/F)	:		
	irst) (M.I)	( )			
(Social Security Number)	(Home Phone Number)	(C	ell Phone Number)		
Address of Record:					
(Street Address)	(City, St	ate)	(Zip)		
Mailing Address: (If same as addre	ess of Record put "same")				
(Street Address)	(City, State	)	(Zip)		
(E-mail Address)	(M.E.B.A. Book N	(M.E.B.A. Book Number) (Book			
(Birth Date)	(Birthplace: City/State/Country)	(Date N	Jaturalized, City)		
(Current MMC Endorsements)					
(Endorsements continued)	(Reference Number)	(MMC	C Expiration)		
(TWIC Number)		(TWI	C Expiration)		
(Passport Number)		(Passp	ort Expiration)		
Next of Kin:					
(Name: Last, First)		(Relationsh	nip)		
(Contact Address)		(Phone Number)			
Personal Information:					
(Status: Single, Married, Divorced)	(Name of Spouse)	(Num	ber of Dependents)		
(Height)	(Weight)	(Eye Color)	(Hair Color)		

	usly made appli				
If <b>Yes</b> , Where:	(Branch)	W	hen:(]	Date of Application	1)
Prior Membership	Rejected	Dropped	Withdraw	n	
Have you ever been f in this Union?					
II. PRESENT/PR Have you ever been working under a cont	employed as a	a licensed mar	IEBA?		vessels not
If <b>Yes</b> , supply inform	ation covering A	ALL such empl		es or No) separate sheet if r	necessary):
COMPANY/UNION	SH	IP :	RATING	FROM	ТО
List all Employment	in the last three	(3) years not lis	sted above (u	se separate sheet	if necessary)
COMPANY	CITY/STA	ATE PO	OSITION	FROM	ТО
III. EDUCATION	N				
Are you a Maritime A	Academy gradua	te?		my) (Gradu	
(If no, then what is th diploma?)	e Highest Level	(Yes or No) of Education f	(Acader For which you	my) (Gradu u have receive	ation Date) d a
	(Name of Schoo	ol; City, State and Yo	ear Graduated)		
IV. UNION AFFI	LIATIONS	(Check here if	none)		
Present Union Affilia	tions (Refer to Ob	ligation for other	licensed marine	e officers' organi	zations):
Name (Present Union and	Local)	Stat	(Member, Ap	plicant, Journeyma	n, Apprentice)
Former Union Affilia	tions Other Tha	n District No. 1	l – PCD, ME	EBA:	

# District No. 1-PCD, M.E.B.A. (AFL-CIO) GOLDEN GATE FERRY FACT SHEET

In consideration of the waiver by the Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO) of the requirements that the initiation fee in the full amount of one thousand dollars (\$1000.00) be paid together with this application for membership, I hereby agree to deposit with this application twenty-five percent (25%) of the full initiation fee in addition to the regular quarterly service fee. I also agree to complete payment of the balance owed on the full initiation fee within one year from the date of my application and to continue to pay the regular service fee quarterly, in advance.

I understand that in the event my application for membership is rejected, the application fee paid by me will be refunded by the Union. I also understand that no guarantee of employment is either expressed or implied by the Union and that once the application for membership is accepted no refunds of initiation fees or service charges will be made.

Upon acceptance of your authorization and application for membership, you will be classified as an applicant for membership, Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO). I further understand that I am not permitted to transfer out of the Golden Gate Ferries until such time as I become a full member of District No. 1-PCD, M.E.B.A.

If you elect to quit the Golden Gate Ferries, or your employment is terminated for reasons not related to Union activity prior to completing two years of service, and thereafter, desire to obtain employment aboard vessels covered by other District agreements you will then be required to file a new application for membership at such time as applications are being accepted by the District. You will then be obligated for the District's regular initiation fee if your new application is accepted.

The Union therefore expects that the applicant will complete the requirements set forth in the Golden Gate Ferries, District No. 1-PCD, M.E.B.A. (AFL-CIO) program and any failure to complete the requirements will forfeit and void the authorization and the application made by you for membership.

I have read, understand, and agree to the above as witnessed by my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Witness

(Signature of Applicant)

(Print Name of Applicant)



# DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) OBLIGATION & VOLUNTARY RELINQUISHMENT

## "BENER

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. l - 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)

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) ACKNOWLEDGEMENT OF DUTIES

1. Whereas the undersigned has made application for membership in District No. 1 - MEBA for the purpose of sailing as a licensed marine officer aboard merchant vessels; and

2. Whereas in addition to being an integral part of commerce and trade, the United States Merchant Marine plays an important part in carrying out the foreign policy of the United States Government; and

3. Whereas the Merchant Marine's role in carrying out foreign policy includes the transport of troops, munitions and other supplies for military forces of the United States and her allies to various parts of the world as required by the foreign policy:

LET IT BE KNOWN that the undersigned hereby acknowledges the above and further states that he will not refuse employment on a vessel, secured through the hiring hall of District No. 1 - PCD, MEBA carrying cargoes implementing American foreign policy as described in No. 3 above and will serve aboard vessels having such cargoes.

(Print Name of Applicant)

(Signature of Applicant)

(Witness)

(Date)

(Signature of Parent or Legal Guardian)

(Print Name of Parent or Legal Guardian)

(Relationship)

(In the event the Applicant is under the age of 21 years, this Agreement must be signed by one of the Parents of the Applicant or his Legal Guardian.)

# DISTRICT NO. 1-PCD, MEBA (AFL-CIO) APPLICANT IDENTIFICATION FORM

The following information is requested with your Authorization and Application for Membership in order for District No. 1-PCD, MEBA (AFL-CIO) to be in compliance with the regulations issued by the Equal Employment Opportunity Commission under Title VII of the Civil Rights Act of 1964.

Please check the applicable boxes:

Male		Female
White		Black
Hispanic		Asian or Pacific Islander
American Indian or Alas	skan N	ative

 $\Box \qquad \text{None of the above}$ 

I understand that this form is for self-identification and will not be used for any other purpose than the filing of the required reports to the Equal Employment Opportunity Commission.

(Signature of Applicant)

(Witness)

(Date)

**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 Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment*, but not before accepting a job offer.)

· · ·	· · · · · · · · · · · · · · · · · · ·		•	• •	· ·				
Last Name (Family Name)	t Name (Family Name) First Name (C			<i>iven Name)</i> Middle In			Other L	Used (if any)	
Address (Street Number and Name)			Apt. Ni	t. Number City or Town				State	ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Secu	irity Number Employee			ee's E-mail Addr	ess	E	mployee's ⊺	Felephone Number

# I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

#### I attest, under penalty of perjury, that I am (check one of the following boxes):

1. A citizen of the United States						
2. A noncitizen national of the United States (See instructions)						
3. A lawful permanent resident (Alien Registration Number/USCI	S Numbe	er):				
4. An alien authorized to work until (expiration date, if applicable,	mm/dd/y	уууу):				
Some aliens may write "N/A" in the expiration date field. (See ins	structions	s)				
Aliens authorized to work must provide only one of the following docur An Alien Registration Number/USCIS Number OR Form I-94 Admissio				ber.	Do	QR Code - Section 1 Not Write In This Space
1. Alien Registration Number/USCIS Number: OR						
2. Form I-94 Admission Number:						
OR						
3. Foreign Passport Number:						
Country of Issuance:						
Signature of Employee			Today's Date	(mm/dd	/уууу)	
Preparer and/or Translator Certification (check o	ne):					
I did not use a preparer or translator. A preparer(s) and/or tra	•	s) assisted the	employee in co	ompletin	g Section	1.
(Fields below must be completed and signed when preparers ar	nd/or tra	nslators ass	sist an employ	ree in c	ompletin	g Section 1.)
I attest, under penalty of perjury, that I have assisted in the knowledge the information is true and correct.	comple	tion of Sec	tion 1 of this	form a	and that	to the best of my
Signature of Preparer or Translator			T	oday's E	Date (mm/	dd/yyyy)
Last Name (Family Name)		First Name (	Given Name)			
Address (Street Number and Name)	City or	Town			State	ZIP Code

STOP

[STOP]



## **Employment Eligibility Verification**

## **Department of Homeland Security**

U.S. Citizenship and Immigration Services

#### 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 document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	to from Section 1 Last Name (Family Name)			M.I. Citizenship/Immigration Status		
List A Identity and Employment Authorization	OR List Iden			List C Employment Authorization		
Document Title	Document Title	D	ocument Title	e		
Issuing Authority	Issuing Authority	Is	suing Author	rity		
Document Number	Document Number	D	ocument Nu	mber		
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(i	mm/dd/yyyy) E	Expiration Date (if any)(mm/dd/yyyy)			
Document Title						
Issuing Authority	Additional Informatio	n		QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						
Document Title						
Issuing Authority						
Document Number						
Expiration Date (if any)(mm/dd/yyyy)						

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy):

(See instructions for exemptions)

Signature of Employer or Authorized Representative			Today's Date(mm/dd/yyyy)		Title o	Title of Employer or Authorized Representative			
Last Name of Employer or Authorized Representative First Name of En			f Employer or Authorized Representative			ative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name) City or Town					•	State	ZIP Code		
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)									
A. New Name (if applicable)						E	B. Date of Rehire (if applicable)		
Last Name (Family Name)	First Na	Name (Given Name) Middle Initial			al I	Date (mm/dd/yyyy)			
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.									
Document Title			Docum	Document Number				Expiration Date (if any) (mm/dd/yyyy)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.									
Signature of Employer or Authorized Representative Today's Da			Date (mm	/dd/yyyy	Name	of Emp	oloyer or Au	uthorized R	epresentative

# 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	ND	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 temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa		<ol> <li>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 color, and address</li> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or</li> </ol>	1.	<ul> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:</li> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ul>
4.	Employment Authorization Document that contains a photograph (Form I-766)	-	provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	Certification of Birth Abroad issued by the Department of State (Form FS-545)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:	ŀ	<ol> <li>School ID card with a photograph</li> <li>Voter's registration card</li> </ol>	3.	Certification of Report of Birth issued by the Department of State (Form DS-1350)
	<ul> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following: <ul> <li>(1) The same name as the passport;</li> </ul> </li> </ul>		<ol> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> </ol>	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	-	<ol> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian</li> </ol>		Native American tribal document
	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:		U.S. Citizen ID Card (Form I-197) 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	1	<ul> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ul>	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.



# WITHHOLDING AUTHORIZATION FOR M.E.B.A. POLITICAL ACTION FUND (PAF) CONTRIBUTIONS

	my employer, _ tribution of:		 	to withhold my
□ \$25.00	□ \$50.00	□ \$100.00	%	Other \$

from my earnings in order to make political contributions to the M.E.B.A. Political Action Fund ("PAF"), 444 North Capitol Street, N.W., Suite 800, Washington, D.C. 20001.

# □ I am sending a one-time donation via check or money order in the amount of \$

This Authorization is voluntarily made based on my specific understanding that:

- 1. Signing of this Authorization and the making of these voluntary contributions are not conditions of membership in or of employment by the M.E.B.A.;
- 2. The figures above are mere suggestions, and I am free to contribute more or less than these guidelines;
- 3. I may refuse to contribute without reprisal;
- 4. The M.E.B.A. PAF, which is connected with the M.E.B.A., will use the voluntary contributions it receives for political purposes, including but not limited to making contributions to and expenditures for candidates for federal, state and local offices;
- 5. Contributions of gifts to the M.E.B.A. PAF are not deductible as charitable contributions for federal income tax purposes;
- 6. Federal law requires political committees to report to the Federal Elections Commission the name, mailing address, occupation and the name of employer for each individual whose contributions aggregate in excess of \$200.00 in a calendar year;
- 7. Washington State law prohibits an employer or other person from withholding a portion of a resident's earnings in order to make contributions to a political committee that must report to the Public Disclosure Commission or to a candidate or state or local office without written permission from that individual; and
- 8. I may revoke this Authorization at any time.

Printed Name:	Date:
Mailing Address:	
Occupation:	
Signature:	

# **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

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

**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.

Office of Labor-Management Standards

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.

**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.

http://www.olms.dol.gov

OLMS-Public@dol.gov

1-866-4-USA-DOL

		(Please fill	out this forn	i completely)	
Date Comp Jame:		EXCITE	RS" BENEFIC	mail Address: _	
(	(Last)		(First)		(M.I.)
(SSN –	Last 4 D	igits) (Hon	ne Phone N	lumber) (Ce	ll Phone Number)
Highest		g Address) t <u>Unlimited</u> Lic	ense	(City, State)	(Zip)
eam M Chief	Aotor Chief	Gas Turbine Chief	Deck Master	MMC Expiration	Date:
		1 AE	C/M	STCW Endorsem	ent Expiration Date_
	2 AE 3 AE	2 AE 3 AE	2 M 3 M	Mariner Referenc	e Number:

Mark all certifications earned and date on certificate

Engine/Deck	ATO/SST - (3 year expiration)	
Deck	<b>Basic MSC Refresher</b> - (5 years)	
Deck	<b>CBRD Officer</b> – (5 years)	
Engine	CMEO - (Once)	
Deck	Crowd Control & Crisis Management – (Once)	
Engine	Damage Control/CBRD - (5 years)	
Deck	<b>Drug Testing/Collection -</b> (5 years)	
Deck	ECDIS - (Once)	
Deck	EKMS - (5 years)	
Engine	Engineroom Resource Management - (Once)	
Engine/Deck	Helo Firefighting - (5 years)	
Deck	LAN Manager - (Once)	
Engine/Deck	Leadership & Management - (Once)	
Engine/Deck	Leadership & Teamwork - (Once)	
Deck	Marine Environmental Officer - (5 years)	
Engine	MEECE - (Once)	
Engine	Small Arms - (1 year)	
Deck	SST - (Once)	
Engine/Deck	<b>STCW Basic Training</b> – (5 years)	
Engine/Deck	<b>STCW Tanker Familiarization</b> - (5 years)	
Engine/Deck	Tankship DL - (5 years)	
Engine/Deck	Vessel Security Officer - (Once)	
	-	

LNG Vessel Experience? Yes No

Secret Security Clearance? Yes No