



M.E.B.A. Sailing Time Transmittal Form for Group II & Group III Individuals



To: M.E.B.A. (AFL-CIO) - 444 North Capitol Street, NW, Suite 800 - Washington, DC 20001-1570

Date: _____ Port: _____

From: _____ Control # _____
Print Name (first 3 letters of last name + 1st initial of first name + last 4 digits of SSN)

Mailing Address: _____

► **Forms submitted without the above information completed will not be processed.**

This form is to be used to send Headquarters your sailing time for the purpose indicated below:

Note: Consult the Shipping Rules, DEC Circular Letters & relevant memoranda for what constitutes sailing days. Your port Branch Agent, Patrolman or Representative will be in position to assist you should you require further information. Sailing days should be kept current. Admissions for Group II individuals moving to Group I are acted on periodically as openings develop based on the Shipping Rules. Headquarters will implement the process for movement to the Respective Groups without prior notification. It is your responsibility to keep your sailing days current by submitting that information to Headquarters. Up to 60 days of accrued Training Vessel Sailing Time can be counted for Group Time each calendar year. However, Group Time accrued by applicants via Training Vessel Sailing Time cannot be used toward membership eligibility as it is not covered employment.

Check the appropriate box below and follow instructions for that situation.

- The attached sailing time verification form is to report new sailing days not previously sent to Headquarters.
- I disagree with the sailing time listed for me in the previous posted 'sailing days list' published by Headquarters. I request a review. All of my sailing days are reported on the attached Sailing Time Verification Form.
- Letter(s) of Recommendation attached. (Letters from Engineering applicants must be from a Chief Engineer and/or 1st A/E. Letters from Deck applicants must come from a Master and/or Chief Mate).

Verified in the Port of _____ Member/Applicant Signature _____ Verified By (*Union Official*) _____

SPACE BELOW FOR HEADQUARTERS USE ONLY

Date Issued: _____ Verified by: _____

Original to M.E.B.A. HQ – 1 copy to individual – 1 copy for Hall's records

