



M.E.B.A. Sailing Time Verification Form

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.*

The above named member has accrued the sailing time listed below which is verified by documents attached. List sailing time and qualified Calhoun M.E.B.A. Engineering School time in chronological order starting with the most recent time first. Use another page if necessary.

Vessel	Date		Days
	From	To	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Verified by: _____ Member/Applicant Signature: _____
(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