

DISTRICT NO. 1-PCD, M.E.B.A. (AFL-CIO) Golden Gate Ferry INITIATION FEE AGREEMENT



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.
- 3. (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
ITNESS:	
	 Date

Membership Affiliation: Golden Gate Ferry

AUTHORIZATION AND APPLICATION FOR MEMBERSHIP

To The Officers and Members of:

OISTRICT 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

nbership is subject to and conditioned upon the Constitution, By-Laws, Ru ulations of the Union and any applicable Application Information Fact She ering such subject. (Print Name of Applicant)		
(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)

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.

have read, understand, and agree to the ay of, 20	e above as witnessed by my hand this
Witness	(Signature of Applicant)
	(Print Name of Applicant)



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)	

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) (Relationsh

(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.

Pleas	e check the applicable bo	xes:	
	Male		Female
	White		Black
	Hispanic		Asian or Pacific Islander
	American Indian or Alas	skan N	ative
	None of the above		
	used for any other purpo Equal Employment Opp	ose than ortunit	or self-identification and will not be in the filing of the required reports to the ty Commission.
		(W	Titness)
		(.	Date)



Employment Eligibility Verification

Department of Homeland SecurityU.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶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.

	t before accepting a j	lop oπer.)	ıst complete an			
Last Name (Family Name)	First Name (Given Na	ame)	Middle Initial	Other La	Used (if any)	
Address (Street Number and Name)	Apt. Number	r City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Se	curity Number Emp	ployee's E-mail Add	iress	Er	nployee's T	elephone Number
I am aware that federal law provides fo connection with the completion of this	•	d/or fines for fals	se statements	or use of	false doo	uments in
l attest, under penalty of perjury, that I	am (check one of the	he following box	(es):			E
1. A citizen of the United States						
2. A noncitizen national of the United State	es (See instructions)					
3. A lawful permanent resident (Alien Re	egistration Number/USC	CIS Number):				
4. An alien authorized to work until (expi				_		
Aliens authorized to work must provide only of An Alien Registration Number/USCIS Number 1. Alien Registration Number/USCIS Number	er OR Form I-94 Admiss					Code - Section 1 Write In This Space
OR						
2. Form I-94 Admission Number:						
OR						
3. Foreign Passport Number:						
Country of Issuance:						
Country of Issuance: Signature of Employee		18	Today's Da	te (mm/dd/	<i>'</i> yyyy)	
Signature of Employee Preparer and/or Translator Cert	A preparer(s) and/or	translator(s) assiste	ed the employee in	completin	g Section 1	
Signature of Employee Preparer and/or Translator Cert I did not use a preparer or translator.	A preparer(s) and/or ned when preparers have assisted in the	translator(s) assiste and/or translators	ed the employee in	completin	g Section 1	Section 1.)
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and signature of perjury, that I	A preparer(s) and/or ned when preparers have assisted in the	translator(s) assiste and/or translators	ed the employee in	completin	g Section 1	Section 1.) the best of my
Preparer and/or Translator Cert I did not use a preparer or translator. (Fields below must be completed and sign attest, under penalty of perjury, that I knowledge the information is true and	A preparer(s) and/or ned when preparers have assisted in the	translator(s) assiste and/or translators e completion of	ed the employee in	completin loyee in c lis form a	g Section 1 ompleting	Section 1.) the best of my



Employer Completes Next Page





Employment Eligibility Verification

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

Department of Homeland Security U.S. Citizenship and Immigration Services

Section 2. Employer or (Employers or their authorized reprinust physically examine one doculor of Acceptable Documents.")	resentative must o	complete and sig	gn Section	n 2 within	3 business	days o	f the empl		
Employee Info from Section 1	Last Name (Fan	nily Name)		First Nar	ne (Given N	lame)	M.I	. Citize	nship/Immigration Status
List A	OR horization		List Iden			AND		Emp	List C loyment Authorization
Document Title		Document Title				D	ocument		
Issuing Authority		Issuing Authori	ty	- 12		Is	ssuing Au	thority	
Document Number		Document Num	nber				Document	Number	
Expiration Date (if any) (mm/dd/yy	<i>yy)</i>	Expiration Date	e (if any) (mm/dd/yy	yy)	E	xpiration	Date (if ai	ny) (mm/dd/yyyy)
Document Title									
Issuing Authority		Additional In	formatio	n					Code - Sections 2 & 3 Not Write In This Space
Document Number									
Expiration Date (if any) (mm/dd/yy	(YY)								
Document Title									
Issuing Authority									
Document Number									
Expiration Date (if any) (mm/dd/yy	(YY)				= -				
Certification: I attest, under po (2) the above-listed document(employee is authorized to wor The employee's first day of e	s) appear to be k in the United	genuine and States.			nployee n	amed,	and (3) t	o the be	
Signature of Employer or Authorize	ed Representative	e To	day's Da	te (mm/do	<i>Vyyyy)</i>	itle of I	Employer	or Author	ized Representative
Last Name of Employer or Authorized	Representative	First Name of En	nployer or a	Authorized	Representat	ive E	Employer's	Busines	s or Organization Name
Employer's Business or Organizat	ion Address (Stre	et Number and	Name)	City or T	own			State	ZIP Code
Section 3. Reverification	and Rehires	(To be comple	eted and	l signed b	y employe	er or a	uthorized	represe	ntative.)
A. New Name (if applicable)						B.	Date of R	ehire (if a	pplicable)
Last Name (Family Name)	First Na	ame (Given Nar	me)	N	liddle Initial	Da	ate (mm/d	d/yyyy)	
C. If the employee's previous gran- continuing employment authorizati			s expired	, provide t	ne informati	on for t	the docum	ent or red	ceipt that establishes
Document Title			Docume	ent Numbe	er		E	xpiration	Date (if any) (mm/dd/yyyy)
I attest, under penalty of perju the employee presented docu									
Signature of Employer or Authoriz									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	ID	LIST C Documents that Establish Employment Authorization
3.	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 Employment Authorization Document		 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 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, 	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 INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record	3.	by the Department of State (Forms DS-1350, FS-545, FS-240)
	 a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and 		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card Native American tribal document		Native American tribal document U.S. Citizen ID Card (Form I-197)
	(2) An endorsement of the alien's nonimmigrant status as long as 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.		9. Driver's license issued by a Canadian government authority 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) Employment authorization document issued by the Department of Homeland Security
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 card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019



1.

2.3.

5.

6.

7.

8.

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

I authorize monthly con	my employer, tribution of:				to withhold my
□ \$25.00	\$50.00	\$100.00			Other \$
	•	•			M.E.B.A. Political Action gton, D.C. 20001.
☐ I am se \$	nding a one-tin	ne donation via	check or	· money	order in the amount o
This Authoriza	tion is voluntarily m	nade based on my spe	ecific under	rstanding th	nat:
membership in The figures about I may refuse to The M.E.B.A. for political purfor federal, stat Contributions of tax purposes; Federal law recaddress, occupatof \$200.00 in a Washington Stearnings in ord Commission or	or of employment be ove are mere suggest contribute without a PAF, which is connerposes, including but e and local offices; of gifts to the M.E.B quires political compation and the name of calendar year; ate law prohibits and ler to make contribution.	by the M.E.B.A.; tions, and I am free treprisal; ected with the M.E.I at not limited to mak. A. PAF are not dedunittees to report to the of employer for each are memployer or other ations to a political cate or local office wi	o contribute B.A., will us ing contribute actible as class he Federal individual person from committee	e more or lase the volutions to a haritable collections (all whose colom withhout that must be seen as a s	ess than these guidelines; untary contributions it receive nd expenditures for candidate ontributions for federal income Commission the name, mailing ntributions aggregate in exces Iding a portion of a resident' report to the Public Disclosure ion from that individual; and
Printed Name	e:				Date:
Mailing Add	ress:				
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

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: _	9	E	mail Addr	ess:		
Name: _			RS' BENEFIC				
	(Last)		(First)		(1	M.I.)	
(SSN	N – Last 4 D	rigits) (Hon	ne Phone N	Number)	(Cell Ph	one Number)	
High		g Address) t <u>Unlimited</u> Lic	ense	(City, Star	te)	(Zip)	
Steam	Motor	Gas Turbine	Deck	MMC Expi	ration Date	:	
Chief	Chief	Chief	Master	1			
1 AE	1 A E	1 AE	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	eference Nu	mber:	
If highes	st License i	s <u>Limited</u> , spec	ify here:				
S							
Morle oll	aartifiaatio	ns earned and da	ata an aarti	ficato			
Iviaik aii	Certification	iis earried and da	ate on certi	Heate			
Ε	Ingine/Deck	ATO/SST	- (3 year ex	eniration)			
	Peck		· •	r - (5 years))		
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E	Ingine	CMEO - (,			
L	Deck		,	risis Manag	gement – (<i>(</i>	Once)	
E	Ingine			RD - (5 yea		,	
	Peck .	_		ion - (5 yea			
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L	D eck	EKMS - (
E	Ingine		•	e Managen	nent - (One		
	Ingine/Deck	_	fighting - (5	_			
)eck		ager - (Onc	•			
E	Ingine/Deck			gement - (O	nce)		
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	Ingine	MEECE -		iai Gilicci	(5 years)		
	Ingine		ns - (1 year	r)			
	eck	SST - (On		,			
	Ingine/Deck	,	,	ng – (5 years	2)		
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	Ingine/Deck		DL - (5 yea		(5 years)		
	Ingine/Deck	_	curity Offic	*			
L	ingine/Deck	v essei sel	urity Offic	er - (Once)			