



## Designated Examiner Request Guide Cover Sheet

This guide is provided to assist you in documenting the requirements of 46 CFR 10 Subpart D. Use of the guide is optional but encouraged to prevent delays in processing your request caused by missing information.

### Approval Requirements:

Please refer to [46 CFR 10.405\(b\)](#) and [NVIC 03-16](#) for complete requirements.

1. Experience, training or instruction in assessment techniques on towing vessels.
2. Qualifications on towing vessels in the tasks for which the assessment is being conducted.
3. Possession of the level of endorsement on towing vessels (or other professional credential) which provides proof of qualifications equal or superior to the knowledge required in training objectives.
4. For Renewals, a DE should submit experience, training, or evidence of instruction in effective assessment within the past 5 years (46 CFR 10.405(d)).

<b>Designated Examiner Checklist</b>	
1	Credential Information/Copy
2	Service Letters and Detailed Résumé – Including towing vessel experience with dates, positions worked, routes, and types of towing
3	Completed DE Request Guide – Do <b>NOT</b> leave any fields blank in Sections I, II, or III (if the block is not applicable, please note “NA”).

Requests may be sent by the mariner or on behalf of the mariner by his/her employer via e-mail to [NMCCourses@uscg.mil](mailto:NMCCourses@uscg.mil) (**preferred method**), by fax to (304) 433-3408, or by mail to:

Commanding Officer (NMC-2)  
 USCG National Maritime Center  
 100 Forbes Drive  
 Martinsburg, WV 25404

You will receive an e-mailed receipt once your request has been entered into our system. Please allow 7-10 business days to process your request. If you do not receive an e-mailed receipt within this time frame, please contact us at (304) 433-3720.

### Comments:



## Designated Examiner Request Guide

Designated Examiner Information Release to NMC Website			
<p>By checking this box, you give the U.S. Coast Guard permission to publish on the NMC website, your DE ID, First and Last Name, Qualifications, and any contact information you select below. You may request to have your information removed from the website at any time by providing written notice withdrawing your consent.</p>			
City	State	Primary Phone	E-mail

Section I - Designated Examiner Candidate Information			
Mariner Reference Number (if applicable):			Date:
Name:	Last	First	Middle
Suffix			
Address:			
City:		State:	ZIP Code:
Primary Phone:		Additional Phone (if applicable):	
E-mail:			
<i>If company is submitting this guide on behalf of candidate, provide company information below:</i>			
Company Name:			
POC Name:			
Address:			
City:		State:	ZIP Code:
E-mail:		Phone:	

# National Maritime Center

Providing Credentials to Mariners



Reference Number:	<input type="text"/>	Last Name:	<input type="text"/>	First Name:	<input type="text"/>
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<b>Section II - Requests</b>		
Indicate the approval type you are seeking: <div style="display: flex; justify-content: space-around;"> <span>Original</span> <span>Renewal</span> <span>Modification (Additional Route)</span> </div>		
For Renewal or Modification request, provide expiration date of current approval: _____		
For Renewal or Modification request, provide DE ID: _____		
Indicate the route(s) you are seeking: <div style="display: flex; justify-content: space-around;"> <span>Near Coastal/Oceans</span> <span>Inland/Great Lakes</span> <span>Western Rivers</span> <span>Limited</span> </div>		
Route Limitations, Geographical Restrictions, and/or Task Restrictions (if applicable):  		
<b>Section III - USCG Held Endorsement (List additional endorsements in Notes section below)</b>		
Endorsement Title (Please attach a copy of credential(s)):	Issued Date:	Expiration Date:
Limitations (check all that apply): <div style="display: flex; justify-content: space-around;"> <span>Near Coastal/Oceans</span> <span>Inland/Great Lakes</span> <span>Western Rivers</span> <span>Limited</span> </div>		
Restrictions:  		
Notes:  		