

MERCHANT MARINER MEDICAL CERTIFICATE APPLICATION THIRD PARTY AUTHORIZATION

I _____ (print full name), authorize the U.S. Coast Guard National Maritime Center (NMC) to disclose information and/or records regarding my **current Merchant Mariner Medical Certificate application** to/with the Third Party authorized, to include only those boxes checked below.

This authorization does not apply to the Merchant Mariner Credential.

Act on my behalf in **ALL MATTERS** and any after-issuance transactions pertaining to the processing of my current U.S. Coast Guard Merchant Mariner Medical Certificate application. **I request that all documentation, including my medical certificate, be mailed to a third party address.**

Act on my behalf in **ALL MATTERS** and any after-issuance transactions pertaining to the processing of my current U.S. Coast Guard Merchant Mariner Medical Certificate application. **I request that all documentation, including my medical certificate, be mailed to me.**

Previous Merchant Mariner Medical Certificate(s).

Mail my Merchant Mariner Medical Certificate to the third party listed below.

Third Party Information (* - Required. This information will be used to verify third party identification.)

* **Authorized Person's Name (Last, First MI):** **Organization (if applicable):**

* **Authorized Person's Mailing Address:**

* **Authorized Person's Phone Number:**

Authorized Person's E-mail Address (optional):

This authorization expires either upon my written revocation of this authorization submitted via fax, e-mail, or regular mail, or expiration of the Merchant Mariner Medical Certificate.

I understand that taking this action is entirely voluntary, and I am under no obligation to consent to the release of my information to any third party.

Mariner's Signature:

Date:

(MM/DD/YYYY)

Mariner's Reference Number or Last 4 of Social Security Number:

You may send the release to the NMC by the four methods listed below:

- Include it with your Merchant Mariner Medical Certificate application
- Scan the signed release and e-mail it to JASKNMC@uscg.mil
- Fax the signed release to (304) 433-3416
- Mail the signed release to the NMC at 100 Forbes Drive, Martinsburg, WV 25404