

# REGISTRATION FORM

PORT: \_\_\_\_\_ DATE: \_\_\_\_\_ RATING: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Last) (First)

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ (Home) \_\_\_\_\_ (Contact Phone)

BOOK NO: \_\_\_\_\_ SENIORITY: \_\_\_\_\_ Deep Sea: \_\_\_ Inland: \_\_\_ GL: \_\_\_ NMU: \_\_\_

SHLS Graduate: \_\_\_\_\_ Class No: \_\_\_\_\_ Highest Rating: \_\_\_\_\_ License Held: \_\_\_\_\_

LAST VESSEL: \_\_\_\_\_ TYPE OF JOB: \_\_\_\_\_  
(Permanent, Rotary, Relief)

Date of Birth: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

REGISTERING TO: RETURN TO PERMANENT JOB AFTER VACATION: \_\_\_\_\_  
BID ON OPEN BOARD AFTER VACATION: \_\_\_\_\_  
DATE AVAILABLE FOR WORK: \_\_\_\_\_

\*\*\*\*\* FOR PORT OFFICIAL'S USE ONLY \*\*\*\*\*

**DOCUMENTS**

**EXPIRATION DATE**

Z CARD  
PASSPORT  
CLINIC CARD  
STCW CERTIFICATE  
TANKERMAN ASST DL  
BASIC FF  
ADVANCED FF  
LNG Certified

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Yes \_\_\_ No \_\_\_

