

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 ___

