MCS LLC

Name:

Date:

Mariner Reference Number or SSN:

DOB:

Signature:

By my signature above, I authorize Margaret Strozyk, Andrew Hammond, and Katherine Storm of Mariner Consulting Services LLC to act on my behalf in all

matters relating to the processing and/or possession of my United States Coast Guard Merchant Mariner's Credential (MMC). I am further authorizing the full disclosure of any and all information pertaining to my official record in possession by the U.S. Coast Guard, National Maritime Center (NMC) and/or U.S. Coast Guard Headquarters (Policy Prevention CG-5P) or ANY U.S. Coast Guard Regional Exam Center (REC). This Authorization further includes, but is not limited to:

1. Any correspondence issued to me by the Coast Guard, including any letters (AI Letters or Waiver Letters), emails, or any other notifications from the Medical Evaluations Division at NMC or CG- 5P.
2. 2. Upon final issuance of my MMC, please mail that to the address I have noted on the application (form CG-719B), unless I specifically request that it be mailed to my Third Party Consultant.

This authorization remains in full effect until I notify the Coast Guard otherwise. This includes any future transaction or any actions by the U.S. Coast Guard.

Mailing Address: PO Box 130, Seaside, OR 97138
Email: info@mmlcs.com | Phone: (360) 589-9667