National Maritime Center

Providing Credentials to Mariners

National Maritime Center

Correspondence Request

Please follow the instructions below so we may process your request:

STEP 1 - Complete all appropriate fields in this request.

STEP 2 - Print request by clicking the **Print** button on the bottom of this page. Manually sign the appropriate signature fields.

STEP 3 - Scan the signed request. Send signed request and any supporting documentation to the National Maritime Center (NMC) at **OSC-SMB-NMC-4-Correspondence@uscg.mil**.

Mariner Information:

FIRST:	MIDDLE:	LAST:	SUFFIX:
Name[1]:			

Reference Number:	**Date of Birth:**

Requester Information:

FIRST:	LAST:	
Name: Margaret	Strozyk	**Company Name:** Mariner Consulting Services LLC

Address: PO Box 130	**City:** Seaside	**State:** OR	**Zip Code:** 97138
E-mail: licensing@mmlcs.com	**Phone:** (36)589-9667	**Are you a U.S. citizen[2]?:** Yes	

Request Type: (Select all that apply.)

- ☐ Form DD214/Benefits
- ☐ Subpoenas/Affidavits/Notice of Deposition (Touhy)
- ☒ Copy of Entire Record
- ☐ Specific Document from Record (see next section)*

***If you selected *Specific Document from Record*, select all document types that apply:**

- ☐ Copy of Medical Documents/Physical Forms
- ☐ Copy of CDs
- ☐ Copy of Training Certificate(s)
- ☐ Copy of Towing Officers' Assessment Record (TOAR)
- ☐ Copy of Sea Service
- ☐ Certified Copy of Record

☐ The Request Type is not listed. (Please specify your request):

By signing and submitting this request, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of U.S.C. Section 1001 by a fine of not more than $10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than $5,000.

Mariner Signature[3]: _____ **Date:**

If requester is submitting on behalf of a deceased mariner, proof of death is required. (E.g., death certificate, obituary, etc.)

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Homeland Security to release any and all information relating to me to:

Requester Signature: _____ **Date:**

[1] *Name of individual who is the subject of the record sought. First name and last name are mandatory.*

[2] *Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an Alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.*

[3] *Signature of individual who is the subject of the record sought.*

Save Print Reset