MARINE FIREMEN'S UNION TRAINING PLAN
240 Second Street, San Francisco, CA 94105
Telephone (415) 362-4592 x10 • Fax: (415) 348-8864 • Email: sserrano@mfoww.org

2021 TRAINING APPLICATION

Complete all sections and sign at bottom of application. Return with all applicable documents. A copy of the member's Merchant Mariner's Credential (all relevant pages) must accompany this application.

Select one. Please submit a separate application for each course.

□ STCW Basic Training-Revalidation (1 or 2 days)
□ STCW Basic Training-Refresher (3 days)
□ MSC Government Vessels (5 days-TRL only)
□ MSC Readiness Refresher (2 days-TRL only)
□ High Voltage Safety (5 days-TRL only)

□ QMED Fireman/Oiler/Watertender (TRL)
□ STCW RFPEW (TRL)
□ QMED Electrician/Refrigerating Engineer (TRL)
□ STCW Able Seafarer-Engine (TRL)
□ QMED Pumpman/Machinist (TRL)

COURSE START DATE_____

NAME_____ **BK/JM#**_____**SS#**_____
Last **First** **M.I.**

ADDRESS_____
Street **City** **State** **Zip Code**

PHONE #_____**CELL PHONE #**_____**EMAIL**_____

DUES PAID THROUGH_____**LAST VESSEL & DISCHARGE DATE**_____

ENDORSEMENTS_____**CLOSEST MAJOR AIRPORT TO YOUR HOME**_____

Review and acknowledge all boxes:

□ I am Fit for Duty and meet the MFOW Welfare Fund eligibility requirements through Covered Employment.
□ I understand that acceptance is based on eligibility requirements and the date the application is received by the Training Plan.
□ I understand that, once confirmed, cancellation or failure to complete a course without a valid excuse approved by the Training Plan may result in reimbursement to the Plan of airline, hotel or tuition penalties.
□ Lodging is provided by the Training Plan at no cost to the member. If I elect lodging other than that provided by the Training Plan, I will do so at my own expense.
□ I hereby certify that all of the above statements are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT_____**DATE**_____

PLAN OFFICE USE ONLY

TUITION_____ SUBSISTENCE_____
TRANSPORTATION (AIR/GROUND)_____ TRANS. COST_____
DEPART_____ RETURN_____
LODGING_____ LODGING COST_____

sds 10/13/2020 rev