

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

2022 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.

- | | |
|---|--|
| <input type="checkbox"/> STCW Basic Training-Revalidation (1 or 2 days) | <input type="checkbox"/> STCW Basic Training-Refresher (3 days) |
| <input type="checkbox"/> MSC Government Vessels (5 days-TRL only) | <input type="checkbox"/> MSC Readiness Refresher (2 days-TRL only) |
| <input type="checkbox"/> High Voltage Safety (5 days-TRL only) | |
| <input type="checkbox"/> QMED Fireman/Oiler/Watertender (TRL) | <input type="checkbox"/> STCW RFPEW (TRL) |
| <input type="checkbox"/> QMED Electrician/Refrigerating Engineer (TRL) | <input type="checkbox"/> STCW Able Seafarer-Engine (TRL) |
| <input type="checkbox"/> 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 _____