UPGRADING APPLICATION

Name			
Telephone	Date of Birtl	h	
Deep Sea Member Lakes	Member 🛛 Inland V	Waters Member 🗖	
	Book #		-
	Department		
Are you a graduate of the SHLSS If yes, class #			
Have you attended any SHLSS/P If yes, course(s) taken			
Do you hold the U.S. Coast Guar	d Lifeboatman Endorser	ment?	
☐ Yes ☐ No Firefightin	g: 🛛 Yes 🗖 No	CPR: Yes] No
Primary language spoken			
one day in the last six months pri cating your department and sent	or to the date your class ority, and qualifying se	s starts, USMMD (z atime for the cours	and twenty-five (125) days seatime for the previous year, -card) front and back, front page of your union book indi- se if it is Coast Guard tested. <u>All OL, AB, JE and Tanker</u> application. The payment should be made with a money order
COURSE	BEGIN DATE	END DATE	
LAST VESSEL:		Rating:	
SIGNATURE		DATE	

NOTE: Transportation will be paid in accordance with the scheduling letter only if you present original receipts and successfully complete the course. If you have any questions, contact your port agent before departing for Piney Point.

RETURN COMPLETED APPLICATION TO: Paul Hall Center for Maritime Training and Education, Admissions Office, P.O. Box 75, Piney Point, MD 20674-0075; or fax to (301) 994-2189.

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