

**LAMONT-DOHERTY EARTH OBSERVATORY
OF COLUMBIA UNIVERSITY
PALISADES, N.Y. 10964
TEL: 845 365 8456 FAX: 845 359 6817**

To: United States Coast Guard Activities New York
Regional Exam Center
Battery Park Building
New York, N.Y. 10004

I, _____ SSN: _____ Date of
Birth _____
(Crewmember Name)

authorize the United States Coast Guard to release verification of my MMD, STCW95 and/or
License to:

Office of Marine Affairs at Lamont-Doherty Earth Observatory
61 Route 9W Palisades, N.Y. 10964, Tel: (845) 365 8846; Fax (845) 359-6817

Signature: _____ Date: _____
(Crewmember Signature)

To: U.S. Coast Guard: Please fax verification of the following documentation (Copies
attached) to the Office of Marine Affairs, Lamont-Doherty Earth Observatory (845) 359-6817:

U.S. Coast Guard Verification: Verified Correct

Merchant Mariner's Document (ie: AB, AB Lmted, AB Spcl, OS, Oiler, any unlicensed document)	Yes _____	No _____
STCW95 Documentation	Yes _____	No _____
License No: _____ (Crewmember License No.)	Yes _____	No _____

Signature: _____, Date: _____

Name of verifying officer: _____, _____ U.S. Coast Guard
(Print Name) Rank