



American Maritime Officers

Affiliated with SIUNA AFL-CIO

2 West Dixie Highway • Dania Beach, FL • 33004-4312
Dispatch Department Phone: (800) 345-3410 / Fax: (954) 926-5126
Member Services Phone: (954) 367-1050 / Fax: (954) 367-1066

APPLICATION FOR NEW MEMBERSHIP NEW BOOK REPLACEMENT BOOK UPDATE

I hereby apply for membership in American Maritime Officers, and in so doing, I agree to abide by the Union's National Constitution and Shipping Rules.

NAME _____ SS# _____
Last First Middle

MAILING ADDRESS _____
Street City
State Zip Code PHONE# _____ / _____
Home Cell

PERMANENT ADDRESS _____
(If Different from Mailing) Street City State Zip Code

IN CASE OF EMERGENCY _____
Name Relationship Phone #
Street Address City State Zip Code

EMAIL ADDRESS _____

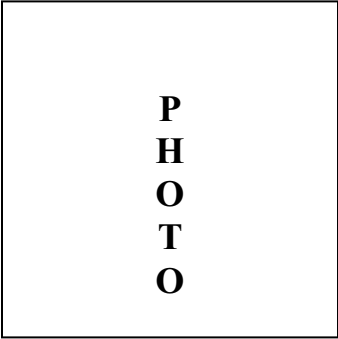
DATE OF BIRTH _____ PLACE OF BIRTH _____

WEIGHT _____ HEIGHT _____ COLOR HAIR _____ COLOR EYES _____

LICENSES

MEDICAL TESTING

*CURRENT LICENSE: _____ DRUG CARD EXP: ____/____/____
LICENSE ISSUE #: _____ BENZENE TEST: BLOOD EXP: ____/____/____
LICENSE EXP. DATE: ____/____/____ PULMONARY EXP. DATE: ____/____/____
YEARS LICENSED: _____
YEARS UNLICENSED: _____
*MMD EXP. DATE: ____/____/____ **OTHER**
*S.T.C.W. EXP. DATE: ____/____/____ *PASSPORT EXP. DATE: ____/____/____
*RADAR EXP. DATE: ____/____/____ SECURITY CLEARANCE: _____
F.C.C. EXP. DATE: ____/____/____ CITIZENSHIP: _____
ARPA EXP. DATE: ____/____/____ SCHOOL (IF NONE N/A) _____
*TWIC EXP DATE: ____/____/____ YEAR GRADUATED: ____/____/____



* PLEASE REMIT COPIES

LIST EMPLOYMENT FOR PAST YEAR

COMPANY _____
ADDRESS _____
PHONE #: _____ TYPE OF WORK _____ HOW LONG EMPLOYED _____

LIST TWO CHARACTER REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>OCCUPATION</u>
_____	_____	_____
_____	_____	_____

TRAINING CERTIFICATES HELD (GIVE LATEST DATES)

CRANE TYPE SHIP: ___/___/___	HELICOPTER: ___/___/___	VRIRM: ___/___/___	BRIDGE RESOURCE MANAGEMENT: ___/___/___
FIRE FIGHTING: ___/___/___	INERT GAS SYSTEM: ___/___/___	SAMM: ___/___/___	CARE PROVIDER: ___/___/___
DAMAGE CONTROL: ___/___/___	CBR: ___/___/___	COSAL: ___/___/___	MEDICAL PERSON IN CHARGE: ___/___/___
CPR: ___/___/___	CRUDE OIL WASH: ___/___/___	PIC: ___/___/___	GMDSS MAINTAINER: ___/___/___
BRIDGE SIMULATOR: ___/___/___	SMALL ARMS: ___/___/___	GMDSS REFRIGERANT RECOVERY: ___/___/___	BASIC SAFETY TRAINING: ___/___/___
ENGINE SIMULATOR: ___/___/___	TAGOS: ___/___/___		OTHER EXPLAIN: _____

INDICATE TYPE OF VESSEL ON WHICH YOU ARE EXPERIENCED:

ULCC: ___	VLCC: ___	CNT: ___	DMS: ___
DSS: ___	BULK: ___	CABLE: ___	DRY CARGO: ___
OG: ___	TAGOS: ___	RO/RO: ___	HEAVY LIFT SUB: ___
BOOM: ___	CC: ___	TANKER: ___	LAKE FREIGHTER ___
LASH: ___	ITB: ___	SL7: ___	TABV: ___
CRN: ___	CHEM: ___	HEAVY LIFT: ___	TACS: ___
PS: ___	TAGOR: ___	LNG: ___	LMSR: ___

OTHER: (EXPLAIN) _____

ENGINEERS: (DIESEL) TYPE/HP: _____

I certify that the statements on both sides of this application are true and that the photograph attached hereto is a likeness of me.

Further, I attest that I do not believe in and am not a member of, nor do I support any organization that believes in or teaches the overthrow of the United States Government by force or illegal or unconstitutional means.

Further, I will support and defend the Constitution of the United States against all enemies, foreign and domestic; that I will bear true faith and allegiance to the same; and that I take this obligation freely, without mental reservation, or purpose of evasion.

SIGNATURE _____ DATE: ___/___/___ PORT _____

FOR DISPATCH USE ONLY

INT. FEE: _____	START DATE: _____
COMPANY: _____	RATE: _____
SHIP: _____	INTERVIEWED BY: _____ DATE: ___/___/___

FOR MEMBER SERVICES USE ONLY

APPLICATION# _____ / NEW/DUPLICATE BOOK# _____ / DATE ISSUED ___/___/___

MISCELLANEOUS INFORMATION _____