

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

VOLUNTARY DEPOSIT AGREEMENT

Address of Coast Guard Unit:	Name and Address of Mariner:
Investigating Officer:	Telephone:
Telephone:	Telephone:
Voluntary Deposit Agreement	Coast Guard Enforcement Activity Number:

I _____ have been informed by _____ a Coast Guard Investigating Officer, that, based on my actions on board the _____, on _____, I am presently considered to be _____ incompetent to serve as a seaman aboard United States merchant vessels.

In order to avoid being issued a complaint for incompetence under the provisions of 46 United States Code 7703, I am voluntarily depositing my U.S. Coast Guard issued Merchant Mariner's _____ number _____ with the U.S. Coast Guard on this date. I understand that while this agreement is in effect the Coast Guard will not issue a complaint for incompetence against me.

I understand that this voluntary deposit agreement will remain in effect until I present a report from a licensed physician which states that I am fully fit, in all respects, to perform my duties aboard ship. I agree to allow the Coast Guard to provide this physician with my medical history and information concerning my duties aboard ship. I agree to allow this physician to provide the Coast Guard with medical information concerning my ability to perform my duties aboard ship. I understand that the Coast Guard will promptly return my Credential(s) to me after confirming the physician's report unless the report is withdrawn or amended by the physician.

I agree that during the period the Coast Guard holds my Credential(s), I will not accept employment on any merchant vessel of the United States. I further agree that I will not make application to the Coast Guard for the renewal, issue or reissue of any Merchant Mariner's Document, License or Certificate of Registry, without stating on such application that this agreement is in effect.

I enter into this agreement freely and voluntarily and I fully understand its meaning and effect.

Signature of Respondent

U.S. Coast Guard Merchant Mariner's _____ Number _____ received in accordance with the above deposit this _____ day of _____, 20 ____, by the U.S. Coast Guard _____, _____.

Signature of Investigating Officer for the United States Coast Guard Type or print name

ORIGINAL—Respondent
COPY—Marine Safety Office
COPY—National Maritime Center

