

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD

**VOLUNTARY DEPOSIT AGREEMENT (DRUGS OR ALCOHOL)**

Address of Coast Guard Unit:  Investigating Officer: Telephone:	Name and Address of Mariner:  Telephone:
<b>Voluntary Deposit Agreement (Drugs or Alcohol)</b>	Coast Guard Enforcement Activity Number:

I \_\_\_\_\_ have been informed by \_\_\_\_\_ a Coast Guard Investigating Officer that, based on my admission that I am a user of and/or am addicted to \_\_\_\_\_ . I am considered to be incompetent to serve as a seaman aboard United States merchant vessels. I certify that:

- a. My use and/or addiction has not caused or contributed to a marine casualty;
- b. I have not refused to take a(n) \_\_\_\_\_ test;
- c. I have not failed a(n) \_\_\_\_\_ test;
- d. I have not voluntarily deposited or surrendered a U.S. Coast Guard-issued Credential or had a U.S. Coast Guard-issued Credential revoked for a(n) \_\_\_\_\_ related offense on a prior occasion.

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 voluntarily deposit agreement will remain in effect until I present evidence of:

- a. Successful completion of a bona fide \_\_\_\_\_ abuse rehabilitation program;
- b. Complete non-association with dangerous drugs for a minimum of six months after completion of the rehabilitation program; and
- c. Active participation in a bona fide \_\_\_\_\_ abuse-monitoring program.

I understand that the Coast Guard will promptly return my Credential(s) to me after accepting the evidence stated above.

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.

ORIGINAL—Respondent  
COPY—Marine Safety Office



**Voluntary Deposit Agreement (Drugs or Alcohol)**

Coast Guard Enforcement Activity Number:

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

\_\_\_\_\_  
Signature of Respondent

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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**

