



American Maritime Officers

Affiliated with SIUNA, AFL-CIO

2 West Dixie Highway • Dania Beach, FL • 33004-4312

Phone: (954) 926-5115 • FAX: (954) 926-5126

App# _____

Book# _____

Date Started _____

Int. Fee _____

Interviewed by: _____

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

PERMANENT ADDRESS _____
street city

PHONE# _____
state zipcode

License Held _____

Benzene Test: Blood Exp. ____/____/____ Pulmonary Exp. ____/____/____

Drug Exp. ____/____/____ S.T.C.W. Exp. Date: ____/____/____

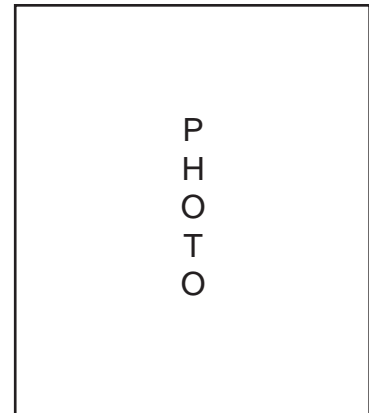
License Exp. Date: ____/____/____ Radar Exp. Date: ____/____/____

Passport Exp. Date: ____/____/____ ARPA Exp. Date: ____/____/____

Citizenship: _____ F.C.C. Exp. Date: ____/____/____

School: _____ Year Graduated: ____/____/____

Security Clearance: _____



P
H
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TRAINING CERTIFICATES HELD GIVE LATEST DATE:

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

INDICATE TYPE OF VESSEL ON WHICH YOU ARE EXPERIENCED:

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

OTHER: (EXPLAIN) _____

ENGINEERS: (DIESEL)

TYPE: _____

E-MAIL ADDRESS: (REQUIRED) _____

LIST EMPLOYMENT FOR PAST YEAR

COMPANY _____ LOCATION _____

TYPE OF WORK: _____ HOW LONG EMPLOYED: _____

LIST TWO CHARACTER REFERENCES

NAME: _____ ADDRESS: _____ OCCUPATION: _____

IN CASE OF EMERGENCY NOTIFY _____

NAME

STREET

_____ RELATIONSHIP: _____

CITY

STATE

(IF DIFFERENT FROM PERMANENT ADDRESS)

PRESENT ADDRESS _____ PHONE# _____

CITY

STATE

ZIP CODE

I certify that the statements on both sides of this application are true and that the photograph attached 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 OFFICE USE ONLY

MISCELLANEOUS INFORMATION: _____
