



# American Maritime Officers

*Affiliated with SIUNA AFL-CIO*

601 S. Federal Highway • Dania Beach, FL • 33004-4109

Member Services Phone: (954) 367-1050

AMO Headquarters Phone: (800) 362-0513

## APPLICATION FOR NEW MEMBERSHIP

Before completing the AMO Membership Application, please collect the following documents:

- Color copies of your Merchant Mariner Credential, all pages, including the last page with the U.S. Coast Guard signature
- Color copy of your TWIC (front and back)
- Color copy of the full front page of your Passport
- A copy of your U.S. Coast Guard Medical Certificate (front and back) showing all three expiration dates (STCW, National and Pilotage)
- A copy of your complete résumé
- Your Mariner Reference Number is located on the photo page of your Merchant Mariner Credential

Once all the documents are collected and the AMO membership application completed, please securely upload your application and credentials to the union at <https://www.amo-union.org>.

**Please DO NOT EMAIL any of these documents to the AMO IT Department or to AMO Member Services.**

If you have any questions, call AMO Member Services at (954) 367-1050.



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## APPLICATION FOR NEW MEMBERSHIP

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 \_\_\_\_\_ Mariner Reference Number \_\_\_\_\_  
Last First Middle

EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip Code

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_  
(If different from Mailing) Street City State Zip Code

EMERGENCY CONTACT \_\_\_\_\_  
Name Relationship Phone

Street Address City State Zip Code

### LICENSES

CURRENT LICENSE AS: \_\_\_\_\_

MMC LICENSE EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICAL CERT EXP. DATES:

S.T.C.W: \_\_\_\_/\_\_\_\_/\_\_\_\_

PILOTAGE: \_\_\_\_/\_\_\_\_/\_\_\_\_

NATIONAL: \_\_\_\_/\_\_\_\_/\_\_\_\_

TWIC EXP DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

### DECK ENDORSEMENTS

ARPA: TANKERMAN DL PIC:

ECDIS: TANKERMAN PIC LNG:

GMDSS: YEAR GRADUATED: \_\_\_\_\_

LIST EMPLOYMENT FOR PAST YEAR

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

LIST TWO CHARACTER REFERENCES

NAME

PHONE

OCCUPATION

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHERS

PASSPORT EXP: \_\_\_\_/\_\_\_\_/\_\_\_\_

SECURITY CLEARANCE: YES NO

CITIZENSHIP: \_\_\_\_\_

DRUG CERT EXP (If you have one)

\_\_\_\_/\_\_\_\_/\_\_\_\_

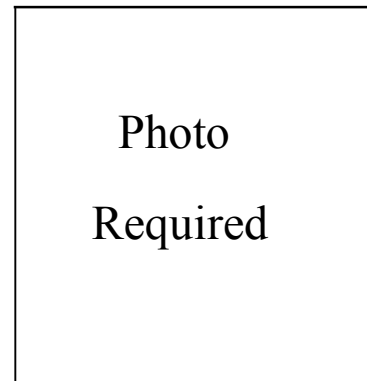
### FURTHER LICENSE INFORMATION

ORIGINAL LICENSE (check one)

UNION:

SCHOOL:

SCHOOL NAME (if school above is checked): \_\_\_\_\_



**TRAINING CERTIFICATES HELD (GIVE LATEST DATES)**

MSC	ENG	DECK	GENERAL
HELO LANDING: ___/___/___	HIGH VOLTAGE: ___/___/___	BRM: ___/___/___	VESSEL PERSONNEL W/SPECIFIC SECURITY DUTIES: ___/___/___
HELO FIREFIGHTING: ___/___/___	REFRIGERANT RECOVERY: ___/___/___	DESIGNATED CARE PROVIDER: ___/___/___	
DAMAGE CONTROL: ___/___/___	ERM: ___/___/___	MEDICAL PIC: ___/___/___	NS5: ___/___/___
SAAM: ___/___/___	GAS TURBINE: ___/___/___	ECDIS: ___/___/___	OTHER EXPLAIN: _____
SHIP REACTION FORCE: ___/___/___		TANKER PIC / DL: ___/___/___	
BASIC & ADVANCED SECURITY WATCH STANDER: ___/___/___		DP TRAINING: ___/___/___	
		NI DP OPERATOR ___/___/___	
		PILOTAGE ___/___/___	

**INDICATE TYPE OF VESSEL ON WHICH YOU ARE EXPERIENCED:**

TANKER:	MSC:	DP:	DIESEL:
CRUDE <input type="checkbox"/>	TAGOS <input type="checkbox"/>	CABLE <input type="checkbox"/>	SLOW SPEED <input type="checkbox"/>
PRODUCT <input type="checkbox"/>	TAGOR <input type="checkbox"/>	SURVEILLANCE <input type="checkbox"/>	MED SPEED <input type="checkbox"/>
CHEMICAL <input type="checkbox"/>	LMSR <input type="checkbox"/>	SUBMERSIBLE <input type="checkbox"/>	
LNG <input type="checkbox"/>	SL7 <input type="checkbox"/>		HEAVY LIFT <input type="checkbox"/>
<b>CONTAINER:</b>	<b>RO RO:</b>	<b>DRY CARGO:</b>	LAKES FREIGHTER <input type="checkbox"/>
LASH <input type="checkbox"/>	TRAILER <input type="checkbox"/>	BOOM <input type="checkbox"/>	
CONTAINER <input type="checkbox"/>	CAR CARRIER <input type="checkbox"/>	CRANE <input type="checkbox"/>	BULK <input type="checkbox"/>
OTHER: (EXPLAIN) _____		ENGINEER: (DIESEL) TYPE/HP _____	

I certify that the statements on both pages 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.

**Senior Officers (Chief Mate/Master, First Assistant Engineer/Chief Engineer): Please Include a Résumé With This Application.**

SIGNATURE \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**FOR DISPATCH ONLY**

INT. FEE: \_\_\_\_\_ START DATE: \_\_\_\_\_  
 COMPANY \_\_\_\_\_ RATE: \_\_\_\_\_  
 SHIP: \_\_\_\_\_ INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

**FOR MEMBER SERVICES USE ONLY**

APPLICATION# \_\_\_\_\_ NEW / DUPLICATE BOOK# \_\_\_\_\_ DATE ISSUED \_\_\_/\_\_\_/\_\_\_

MISCELLANEOUS INFORMATION \_\_\_\_\_