



# American Maritime Officers

*Affiliated with SIUNA AFL-CIO*

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

Member Services Phone: (954)367-1050 / [Memberservices@amo-union.org](mailto:Memberservices@amo-union.org)

AMO Headquarters Phone: (800) 362-0513

## 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 \_\_\_\_\_ SSN# \_\_\_\_\_  
Last First Middle

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

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

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

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

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

Street Address City State Zip Code

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

### LICENSES

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

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

MEDICAL CERT EXP. DATES:

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

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

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

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

### 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): \_\_\_\_\_

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

LIST EMPLOYMENT FOR PAST YEAR

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

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

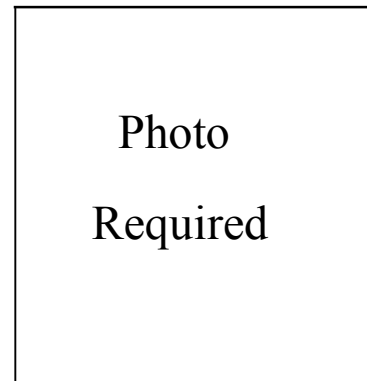
Phone: \_\_\_\_\_ TYPE OF WORK \_\_\_\_\_ HOW LONG EMPLOYED \_\_\_\_\_

LIST TWO CHARACTER REFERENCES

NAME

PHONE

OCCUPATION



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

**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.

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 \_\_\_\_\_