



U.S. Department of Transportation
Maritime Administration

SEAFARER DATA SHEET

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Public reporting burden of this collection of information is estimated to average one hour per response. Send comments regarding this burden estimate or any other aspect of this information collection to the Maritime Administration, Office of Management Services, 400 Seventh St. SW, Room 7225, Washington, DC 20590, and to the Office of Management and Budget, Paperwork Reduction Project (9000-0077), Washington, DC 20503.

| | | | | | | | |
|---|-----------------------------|---|--|---------------------|------------------------------|--|--|
| Seafarer's last name | | First Name | | Middle name(s) | | Social Security Number | |
| Sex (M/F) | Place of birth (city) | Birth state (US) | Date of birth | Citizenship | | Naturalized U.S. citizen <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Height (inches) | Weight (pounds) | Color hair | Color eyes | Type of complexion | Race | | |
| Residence address (seafarer) | | City (seafarer) | State (seafarer) | ZIP Code (seafarer) | Home phone (seafarer) () | | |
| "Z" or book number | License number/endorsements | | Lifeboat endorsement <input type="checkbox"/> Yes <input type="checkbox"/> No | Military status | Sea experience (years) | | |
| Marital status | W-4 status | | | | | | |
| Name of physician administering physical exam | | Where examined [name of clinic, location, etc.] | | | Date of examination | | |
| Information regarding next of kin | | Next of kin (name) | | Relationship | | | |
| Residence address (kin) | | City (kin) | State (kin) | ZIP Code (kin) | Home phone (kin) () | | |

| VOYAGE EMPLOYMENT INFORMATION | | | | | | | |
|--|--------------------------|-------|--|---------------|-------------------------|-----------|--|
| Ship manager | | | Vessel | | Vessel type | | |
| Voyage type <input type="checkbox"/> FOREIGN <input type="checkbox"/> INTERCOASTAL <input type="checkbox"/> COASTWISE <input type="checkbox"/> GREAT LAKES <input type="checkbox"/> N/A | | | | Voyage begins | | Voyage ID | |
| Date of shipment | Place of shipment (port) | | Rating at time of shipment | | Base daily wage (start) | | |
| Seafarer hired as: <input type="checkbox"/> permanent <input type="checkbox"/> relief | | Union | Type of Fit For Duty certification. If NONE, provide explanation in Remarks. <input type="checkbox"/> Union clinic <input type="checkbox"/> Ship Manager <input type="checkbox"/> Own doctor <input type="checkbox"/> Other <input type="checkbox"/> None | | | | |

| TO BE COMPLETED ON SEAFARER'S DEPARTURE FROM VESSEL | | | | |
|---|---------------------------|--|-----------------------------|-----------------------|
| Date of discharge | Place of discharge (port) | | Rating at time of discharge | Base daily wage (end) |

| | | | |
|---|--|---|---|
| Reason for discharge/release: | | | |
| <input type="checkbox"/> NOT FIT FOR DUTY (illness) | <input type="checkbox"/> NOT FIT FOR DUTY (injury) | <input type="checkbox"/> hospitalization | <input type="checkbox"/> end of voyage |
| <input type="checkbox"/> layoff | <input type="checkbox"/> vacation | <input type="checkbox"/> mutual release | <input type="checkbox"/> quit |
| <input type="checkbox"/> failure to join | <input type="checkbox"/> deserted | <input type="checkbox"/> discharged for cause | <input type="checkbox"/> desertion |
| <input type="checkbox"/> incompetence | <input type="checkbox"/> misconduct | <input type="checkbox"/> insubordination | <input type="checkbox"/> other (explain in Remarks) |

If discharged for cause, indicate reason and provide explanation in Remarks
If I am being discharged for reason(s) unrelated to illness and/or injury, I hereby certify that, to the best of my knowledge and belief, I did not sustain any illness and/or injury while aboard this vessel that would justify a future claim against this vessel.

| | |
|--------------------------------|----------------------|
| Seafarer's name (please print) | Seafarer's signature |
|--------------------------------|----------------------|

| MONIES EARNED | | | | |
|---------------|-------------------------|----------------------|------------|-----------|
| Days worked | Base daily wage (start) | Regular wages earned | Deductions | Wages due |

Remarks

| | |
|------------------------------|--------------------|
| Master's name (please print) | Master's signature |
|------------------------------|--------------------|