

<b>UNITED STATES OF AMERICA</b> U.S. DEPARTMENT OF HOMELAND SECURITY <b>UNITED STATES COAST GUARD</b>	
ADDRESS OF COAST GUARD UNIT:	NAME AND ADDRESS OF MARINER:
INVESTIGATING OFFICER: TELEPHONE:	TELEPHONE:
<b>Voluntary Deposit Agreement</b>	COAST GUARD ENFORCEMENT ACTIVITY NUMBER:

I \_\_\_\_\_ have been informed by \_\_\_\_\_ a Coast Guard Investigating Officer, that, based on my actions on board the \_\_\_\_\_, on \_\_\_\_\_, I am presently considered to be \_\_\_\_\_ incompetent to serve as a seaman aboard United States merchant vessels.

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 voluntary deposit agreement will remain in effect until I present a report from a licensed physician which states that I am fully fit, in all respects, to perform my duties aboard ship. I agree to allow the Coast Guard to provide this physician with my medical history and information concerning my duties aboard ship. I agree to allow this physician to provide the Coast Guard with medical information concerning my ability to perform my duties aboard ship. I understand that the Coast Guard will promptly return my Credential(s) to me after confirming the physician's report unless the report is withdrawn or amended by the physician.

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

**ORIGINAL—Respondent**  
**COPY—Marine Safety Office**  
**COPY—National Maritime Center**

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Document, License or Certificate of Registry, without stating on such application that this agreement is in effect.

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 , 200 , by the U.S. Coast Guard

Signed \_\_\_\_\_  
Investigating Officer for the United States Coast Guard Type or print name

**ORIGINAL—Respondent**  
**COPY—Marine Safety Office**  
**COPY—National Maritime Center**