

Third Party Authorization Form

I am authorizing the following Third Party:

Andy Hammond - Consulting
PO Box 9000, PMB 234
Edgartown, MA 02539
617-970-7760
marinerhelp0364@gmail.com

_____: Act on my behalf for **all matters** relating to processing applications and/or possession of my USCG Merchant Mariner's Credential, including any and all rating, officer, and STCW endorsements. **This authorization includes (but is not limited to) all correspondence between myself and the U.S. Coast Guard in all matters relating to my MMC, Medical Certificate(s) and all other pertinent professional and medical documentation and records.**

This authorization remains in full effect until I notify the Coast Guard otherwise. This includes any future transaction or any actions by the U.S. Coast Guard.

Name: _____ Mariner ID or SSN: _____

Signature: _____ Date: _____