

National Maritime Center

Providing Credentials to Mariners



Correspondence Request

Please follow the instructions below so we may process your request:

STEP 1 - Complete all appropriate fields in this request.

STEP 2 - Print request by clicking the **Print** button on the bottom of this page. Manually sign the appropriate signature fields.

STEP 3 - Scan the signed request. Send signed request and any supporting documentation to the National Maritime Center (NMC) at **OSC-SMB-NMC-4-Correspondence@uscg.mil**.

Mariner Information:			
Name¹:	FIRST:	MIDDLE:	LAST:
			SUFFIX:
Reference Number:	Date of Birth: <input type="text"/>		
Requester Information:			
Name:	FIRST:	LAST:	Company Name: RECORDS DEPOSITION SERVICE, INC.
Address: PO BOX 5054	City: SOUTHFIELD	State: MI	Zip Code: 48086-5054
E-mail: REQUESTS@RECDEP.COM	Phone: 248-357-3330	Are you a U.S. citizen²?:	
Request Type: (Select all that apply.)	*If you selected <i>Specific Document from Record</i>, select all document types that apply:		
<input type="checkbox"/> Form DD214/Benefits	<input type="checkbox"/> Copy of Medical Documents/Physical Forms		
<input type="checkbox"/> Subpoenas/Affidavits/Notice of Deposition (Touhy)	<input type="checkbox"/> Copy of CDs		
<input type="checkbox"/> Copy of Entire Record	<input type="checkbox"/> Copy of Training Certificate(s)		
<input type="checkbox"/> Specific Document from Record (see next section)*	<input type="checkbox"/> Copy of Towing Officers' Assessment Record (TOAR)		
	<input type="checkbox"/> Copy of Sea Service		
	<input type="checkbox"/> Certified Copy of Record		
<input checked="" type="checkbox"/> The Request Type is not listed. (Please specify your request):	PLEASE SEE THE ATTACHED SUBPOENA OR LETTER REQUEST		

By signing and submitting this request, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct, and that I am the person named above, and I understand that any falsification of this statement is punishable under the provisions of U.S.C. Section 1001 by a fine of not more than \$10,000 or by imprisonment of not more than five years or both, and that requesting or obtaining any record(s) under false pretenses is punishable under the provisions of 5 U.S.C. 552a(i)(3) by a fine of not more than \$5,000.

Mariner Signature³: _____ **Date:**

If requester is submitting on behalf of a deceased mariner, proof of death is required. (E.g., death certificate, obituary, etc.)

OPTIONAL: Authorization to Release Information to Another Person

This form is also to be completed by a requester who is authorizing information relating to himself or herself to be released to another person. Further, pursuant to 5 U.S.C. Section 552a(b), I authorize the U.S. Department of Homeland Security to release any and all information relating to me to:

Requester Signature: _____ **Date:**

¹ Name of individual who is the subject of the record sought. First name and last name are mandatory.

² Individual submitting a request under the Privacy Act of 1974 must be either "a citizen of the United States or an Alien lawfully admitted for permanent residence," pursuant to 5 U.S.C. Section 552a(a)(2). Requests will be processed as Freedom of Information Act requests pursuant to 5 U.S.C. 552, rather than Privacy Act requests, for individuals who are not United States citizens or aliens lawfully admitted for permanent residence.

³ Signature of individual who is the subject of the record sought.