MARINE FIREMEN'S UNION TRAINING PLAN
240 Second Street, San Francisco, CA 94105
Telephone (415) 362-4592 • Fax: (415) 348-8864 • Email: sserrano@mfoww.org

2018 TRAINING APPLICATION

Complete all sections and sign at bottom of application. Return with all applicable documents. A copy of the member's Merchant Mariner's Credential (all relevant pages) and current STCW Certificate must accompany this application.

Select one. Please submit a separate application for each course.

□ STCW Basic Training (5 days)
□ STCW Basic Training-Refresher (3 days)
□ STCW Basic Training-Revalidation (1 or 2 days)
□ STCW VPDSD/Security Awareness (1 day)

□ QMED Fireman/Oiler/Watertender (TRL)
□ STCW Rating Forming Part of an Engineering Watch
□ QMED Electrician/Refrigerating Engineer (TRL)
□ STCW Able Seafarer-Engine (TRL)
□ QMED Pumpman/Machinist (TRL)
□ Military Sealift Command Training (TRL)
□ High Voltage Safety (TRL)

COURSE START DATE_____

NAME_____ BK/JM#_____SS#_____
Last First M.I.

ADDRESS_____
Street City State Zip Code

PHONE #_____CELL PHONE #_____EMAIL_____

DUES PAID THROUGH_____LAST VESSEL & DISCHARGE DATE_____

ENDORSEMENTS_____CLOSEST MAJOR AIRPORT TO YOUR HOME_____

□ I am Fit for Duty and meet the MFOW Welfare Fund eligibility requirements through Covered Employment.
□ I understand that acceptance is based on eligibility requirements and the date the application is received by the Training Plan.
□ I understand that, once confirmed, cancellation or failure to complete a course without a valid excuse approved by the Training Plan may result in reimbursement to the Plan of airline, hotel or tuition penalties.
□ Lodging is provided by the Training Plan at no cost to the member. If I elect lodging other than that provided by the Training Plan, I will do so at my own expense.
□ I hereby certify that all of the above statements are true and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT_____DATE_____

PLAN OFFICE USE ONLY

TUITION_____ SUBSISTENCE_____
TRANSPORTATION (AIR/GROUND)_____ TRANS. COST_____
DEPART_____ RETURN_____
LODGING_____ LODGING COST_____

sds 11/16/17 revised