

SEAFARERS HARRY LUNDEBERG SCHOOL OF SEAMANSHIP

UPGRADING APPLICATION

Name _____ Date of Birth _____
Last First MI

Address _____
Street

City _____ State _____ Zip Code _____ Phone # _____
Area Code #

Deep Sea Member [] Inland Member [] Lakes Member []

Social Security # (last 4 only) _____ Book # _____

Department _____ Home Port _____ Email _____

Are you a graduate of the SHLSS Trainee or Unlicensed Apprentice program? Yes [] No []

If yes, indicate dates attended and class #: From _____ to _____ Class # _____

Have you ever attended SHLSS upgrading courses? Yes [] No []

What date(s) are you interested in attending the school? _____

I am interested in the following course(s), check below or indicate HERE if NOT listed _____

- | | | |
|---|---|--|
| <p><u>DECK</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> RFPNW <input type="checkbox"/> Able Seafarer Deck <input type="checkbox"/> Radar <input type="checkbox"/> 1 Day Radar Renewal <input type="checkbox"/> ARPA <input type="checkbox"/> BRM-unlimited <input type="checkbox"/> GMDSS <input type="checkbox"/> Celestial Nav. | <p><u>ENGINE</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> BAPO <input type="checkbox"/> FOWT <input type="checkbox"/> Jr. Eng. <input type="checkbox"/> Welding <input type="checkbox"/> Machinist <input type="checkbox"/> Pumpman <input type="checkbox"/> Marine Electrician <input type="checkbox"/> Marine Refer Tech <input type="checkbox"/> Adv. Refer | <p><u>STEWARD</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Galley Ops. <input type="checkbox"/> Certified Chief Cook <input type="checkbox"/> Adv. Galley Ops. <input type="checkbox"/> Chief Steward <input type="checkbox"/> Chief Cook 2.0 <input type="checkbox"/> Chief Steward 2.0 |
|---|---|--|

- | | | |
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| <p><u>ALL DEPARTMENTS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Tank Fam-DL <input type="checkbox"/> Tank Fam-LG <input type="checkbox"/> Tank Barge DL <input type="checkbox"/> Adv. Firefighting <input type="checkbox"/> MCP <input type="checkbox"/> Fast Rescue Boat <input type="checkbox"/> Lifeboat/Water Survival <input type="checkbox"/> Gov't Vessels <input type="checkbox"/> BF/STCW <input type="checkbox"/> BT Revalidation <input type="checkbox"/> BT/Adv. FF Revalidation | <p><u>ACADEMIC</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Basic Ed <input type="checkbox"/> English as 2nd Language (ESL) <input type="checkbox"/> College Program <input type="checkbox"/> _____ Prep
(indicate prep) | <p><u>DISTANT LEARNING</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> MSC Environmental Awareness <input type="checkbox"/> Haz Mat Control & Mgt. <input type="checkbox"/> Hearing Conservation <input type="checkbox"/> Heat Stress Mgt. <input type="checkbox"/> Shipboard Pest Mgt. <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> Shipboard Water Sanitation |
|--|---|---|

With this application COPIES of the following must be sent: MMC and qualifying sea time for the course if it is Coast Guard tested. Must have a valid SIU medical through course date.

I authorize the Paul Hall Center to release any of the information contained in this application or any of the supporting documentation that I have or will submit with this application to related organizations for the purpose of better servicing my needs and helping me to apply for any benefits which might become due to me.

The Seafarers Harry Lundeborg School of Seamanship at the Paul Hall Center for Maritime Training and Education is a private, non-profit, equal opportunity institution and admits students, who are otherwise qualified, of any race, nationality or sex. The School complies with applicable laws with regards to admissions, access, or treatment of students in its programs or activities.

Signature _____ Date _____

Mail your completed application to SHLSS-Admissions, 45353 St. George's Ave., Piney Point, MD 20674 or fax to 301-994-2189 or email: kswann@seafarers.org