

**MERCHANT MARINER CREDENTIAL APPLICATION
THIRD PARTY AUTHORIZATION FOR**

GROSSETTI LICENSE CONSULTING

**Mark Grossetti
8 Vaillencourt Drive
Framingham, MA 01701
E-mail: gro@cgllicense.com**

I _____, authorize the USCG National Maritime Center to
(print full name)
release/discuss/e-mail any information regarding my current credential application to/with the Third Party listed above,
including:

- Official correspondence
- Copies of any documents previously submitted to NMC or any REC such as, but not limited to, sea service, USCG-approved course certificates, credential history, etc. if requested by Grossetti License Consulting
- Any information related to the processing/approval of my current application for a Merchant Mariner Credential
- Act on my behalf in all matters pertaining to the processing of my current USCG credential application

Please mail my Merchant Mariner Credential (or approval letter, if an exam is required) directly to me. Also mail **directly to me** any submitted documents that are normally returned to mariners (as applicable for this transaction) such as expired USCG credentials, drug test results, CPR/first aid cards, USCG-approved course certificates.

Do **NOT** mail my Merchant Mariner Credential and/or approval letter and/or those documents listed in the preceding paragraph (as applicable) to Grossetti License Consulting.

This authorization shall remain in effect indefinitely until/unless I notify NMC in writing that it is cancelled.

Signature

Date

Last 4 of Social Security Number

Date of birth