DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

OMB No. 1625-0040
Exp. Date: 09/30/2028

DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

Who must submit this form?

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Testing Requirements" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. *(See page 2 for details.)*
NOTE: The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.

Section I: Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S. Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name Last | First | Middle | Reference Number *(if applicable)* | Social Security Number

Signature of Applicant *(Required)*

X _____

Date (MM/DD/YYYY)

Section II: Name of SAMHSA Accredited Laboratory

Name | Street Address | City | State | Zip Code

SECTION III: Medical Review Officer

Date Specimen Collected (MM/DD/YYYY)

Specimen Analyzed For (Drugs identified by 49 CFR 40.85), including:

- Marijuana metabolite
- Cocaine metabolites
- Amphetamines
- Opiate metabolites
- Phencyclidine (PCP)

The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: *(CHECK ONE)*

- ☐ NEGATIVE
- ☐ CANCELLED or
- ☐ Positive, and/or refusal to test because of adulteration or substitution.

(Please complete the next block for all non-negative results)

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: *(To be reported to the nearest USCG Sector or Unit). (Please print)*

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT

The test was CANCELLED because *(insert reason)*

I certify that I meet qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.

MEDICAL REVIEW OFFICER CONTACT INFORMATION

Name Last | First | Middle

Street Address

City | State | Zip Code

Phone:

MEDICAL REVIEW OFFICER AUTHORITY

Name Last | First | Middle

Signature *(MRO signature stamp is authorized for negative results only)*

Name of MRO Qualifying Organization

Registration Number Issued by Qualifying Organization:

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REQUIREMENTS	• A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates. • Only a chemical test meeting the requirements of 49 CFR Part 40 will be accepted.
OPTION I **PERIODIC TESTING PROGRAM**	• A DOT Chemical test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services. • **COLLECTION** of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40 Subpart C. It is CRITICAL that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid. • The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.
OPTION II **RANDOM TESTING**	**EXAMPLE (From Mariner Employers):** *APPLICANT'S NAME/SSN* has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs. **EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A.A./Army Corps of Engineers):** *APPLICANT'S NAME/SSN* has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.
OPTION III **PRE-EMPLOYMENT TESTING**	• An ORIGINAL DATED letter on mariner employer stationary signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program. **EXAMPLE**: *APPLICANT'S NAME/SSN* passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY ACT STATEMENT

Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.
AUTHORITY: 14 U.S.C. § 505; 46 U.S.C. §§ 2103, 7101, 7302, 7502; 46 CFR 10.209(h) and 16.101.
PURPOSE: To determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The U.S. Coast Guard (USCG) evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.
ROUTINE USES: The information is used by authorized USCG personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the USCG uses the information to maintain and update records of merchant mariner document transactions. This information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030, Merchant Seamen's Records, 74 Federal Register 30308 (June 25, 2009).
CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION: Furnishing this information (including your SSN) is voluntary. However, failure to furnish the requested information may result in the non-issuance of the MMC, and any endorsement within the MMC.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.