



U.S. Department
of Transportation
**Maritime
Administration**

NOMINATION FOR THE UNITED STATES MERCHANT MARINE ACADEMY

<p style="text-align: center;">INSTRUCTIONS</p> <p>After completion by the nominating authority the original and all copies of this form are to be returned to the Director of Admissions, U.S. Merchant Marine Academy, where after acceptance, copies will be distributed as noted at bottom this form.</p> <p>The copy marked "Congressional Copy" will be returned to the nominating authority.</p>	<p>DATE (Day, Month, and Year)</p> <hr/> <p>RETURN TO:</p> <p style="text-align: center;">Director of Admissions U.S. Merchant Marine Academy Kings Point, New York 11024</p>
<p>NAME OF CANDIDATE (Last name, First Name, Middle)</p>	<p>DATE OF BIRTH (Day, Month, Year)</p> <hr/> <p>SOCIAL SECURITY NUMBER</p>
<p>ADDRESS (Number, Street, Town or City, State and Zip Code)</p>	<p style="text-align: center;">FOR ACADEMY USE ONLY</p> <p>Congressional Code: _____</p> <p>Resident Code: _____</p>
<p>TEMPORARY ADDRESS (if any)</p>	
<p>I hereby nominate the above named individual as a candidate for admission to the United States Merchant Marine Academy as Midshipman.</p> <p>The nominee (<input checked="" type="checkbox"/>) is (<input type="checkbox"/>) is not a resident of my constituency, and, after due inquiry, I believe that he/she is in every respect qualified for appointment.</p> <p>I understand that the Superintendent, United States Merchant Marine Academy will be informed of my candidate's nomination, and that I am his/her sponsor. The Superintendent will furnish the candidate with all necessary instructions regarding the competitive and physical examination.</p> <p>I understand that the application records created for my candidate are subject to the Privacy Act of 1974 (5 U.S.C. 552a).</p> <p>However, the fact of this nomination and this nomination form is considered to be public information by my office.</p>	
<p>TYPE FULL NAME OF NOMINATING AUTHORITY AND CONGRESSIONAL DISTRICT</p>	<p>SIGNATURE OF NOMINATING AUTHORITY</p>
<p>SPACE BELOW FOR ACTION BY THE SUPERINTENDENT, USMMA</p>	
<p><input type="checkbox"/> Nomination Accepted</p>	<p>Date</p>
<p>Approval</p>	

SUPPERINTENDENT - USMMA