Sample Service Letter for Renewal Tankerman-PIC (Barge) Dangerous Liquids

(Must be on company letterhead)

(Current date)

USCG Regional Exam Center 200 Jefferson Ave., Suite 1302 Memphis, TN 38103 -or- USCG Regional Exam Center 1222 Spruce St., Room 7.105 St. Louis, MO 63103

This is to certify that <u>(Applicant's Name)</u>, has been employed by this company from <u>(date)</u> to <u>(date)</u>. <u>(Applicant's name)</u> conducted at least two transfers of bulk dangerous liquids, each of at least four hours duration. (Attach detailed transfer records.)

The following cargos classified as dangerous liquids were transferred: (List names of cargos.)

(Signature of company official) Company official's name, Title

The accompanying transfer record must include date, vessel or barge name, cargo, name of tankerman, type of operation *(load, offload, commencement, completion)* and time of start and finish for each transfer. It must be signed by a company official and include the official's name, title, address, and phone number.

When applicable, **one** of the following statements included in the service letter will satisfy the DOT drug screen requirement. We suggest you also include the name of the lab which did the test.

- <u>"(Name of Employee)</u> was chemically tested on <u>(date sample was given)</u> in accordance with 46 CFR 16.220 (Periodic Testing). The results of this test were negative. He has had no subsequent positive drug test to date."
- "(Name of Employee) has been subject to a random testing program meeting the criteria of 46 CFR 16.230 for at least 60 days during the previous 185 days, has not failed a chemical test for dangerous drugs, and has not refused to participate in required chemical tests."

TRANSFER RECORD FOR TANKERMAN-PIC (Barge) DL

Name:

DATE OF TRANSFER	VESSEL OR BARGE NAME	CARGO OR PRODUCT	NAME OF TANKERMAN	OPERATIONS 1. loading 2. offloading 3. hookup 4. disconnect	TIME START/STOP
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
13.					
14.					
15.					

Company Official:

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Name and Title:

Address:

Phone Number: (____)