

COAST GUARD RELEASE FORM

PLEASE SIGN THIS FORM IN THE PRESENCE OF A NOTARY PUBLIC.

I, _____, do hereby authorize the Port of Corpus Christi Authority to investigate and/or obtain my records from the United States Coast Guard, including but not limited to licenses and/or any disciplinary information contained in their files.

A copy hereof can serve as an original.

Applicant

SWORN TO AND SUBSCRIBED BEFORE ME this ____ day of _____, _____.

Notary Public in and for the State of _____

My commission expires _____

RETURN THIS FORM WITH COMPLETED APPLICATION TO THE APPLICATION REVIEW COMMITTEE; P.O. BOX 2767; CORPUS CHRISTI, TEXAS 78403