IMPORTANT: Please enter your name exactly as it appears in your Merchant Mariners Credential (MMC) and provide a current mailing address. Highlighted fields are required information.

| First Name | Middle Name | |
|--|-------------|--------|
| Last Name | | Suffix |
| Address 1 | | |
| Address 2 | | |
| City | State | Zip |
| MMC Reference # | | |
| Best Phone Number | Phone Type | |
| E-mail | | |
| Note: You must possess a Radar Observers Endorsement in order to register for the 1 Day and 2 Day courses. Please reference the GLMACE website for course dates; GLMACE Web-page Link - Click here | | |
| Course Desired | | |
| Start Date of Course | | |
| Information packages will be sent to your e-mail address, generally 30 days prior to the course. | | |
| f you have any questions regarding the registration process, feel free to contact the school at (231) 995-3147 or the front desk. You may also return this form by e-mail to cgodwin@nmc.edu. | | |
| Ve look forward to seeing you! | | |
| COR Cary Godwin - Manager GLMACE | | |