

USS TRANSPORT LLC
EMPLOYEE REFERRAL FORM

Date: _____

Employee Information:

USS Transport LLC Employee Name: _____

Vessel: _____ Rating: _____

Referral Candidate Information:

Referral Name: _____ Position Applied For: _____

License Held: _____

Contact Information: _____

For Marine Personnel Use Only

Date/Time Received: _____

Date Hired: _____

Award Date: _____

Award Amount: **\$500.00**

Mail or E-Mail to:

USS Transport LLC
C/o USS Vessel Management LLC
Attn: Marine Personnel
399 Thornall Street
Edison, NJ 08837