



**UNITED STATES OF AMERICA  
FEDERAL MARITIME COMMISSION**

Washington, DC 20573

www.fmc.gov

Application for Certificate of Financial Responsibility

Form FMC-131  
(Rev. xx/2011)

OMB No. xxxx-xxxx  
Expires x/xx/201x

**Instructions**

*Submit original application and Vessel Schedule for each vessel to: Federal Maritime Commission • Bureau of Certification and Licensing • 800 North Capitol St. NW, Washington, DC 20573  
Fax (202) 523-5830*

Type of Certificate:  Performance  Casualty  Both

1. (a) Applicant's legal business name and trade name(s) used (provide English translation if other than English):

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(b) Street Address: \_\_\_\_\_

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(c) Phone: \_\_\_\_\_ (d) Fax: \_\_\_\_\_ (e) email: \_\_\_\_\_

(f) U. S. Taxpayer Identification Number (TIN), if applicable: \_\_\_\_\_

2. (a) Applicant's legal form of organization, i.e., corporation, partnership, limited liability company, or other form of business association:

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(b) If a corporation, Limited Liability Company, or Partnership, provide state or country in which incorporated or formed and date of incorporation or formation:

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3. Name and address of applicant's U.S. agent or other person authorized to accept legal service in the United States (submit statement of acknowledgement from agent or other authorized person):

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

4. Number of vessels included in application: \_\_\_\_\_ Complete and attach a Vessel Schedule for each vessel. Use as many Vessel Schedule sheets as necessary.

5. Intended evidence of financial responsibility (check all that apply):

<input type="checkbox"/> Insurance	<input type="checkbox"/> Guaranty	<input type="checkbox"/> Escrow
<input type="checkbox"/> Surety Bond	<input type="checkbox"/> Self Insurance (Casualty Only)	<input type="checkbox"/> Other (explain below)

\_\_\_\_\_  
\_\_\_\_\_

Declaration: I declare under penalty of perjury under the laws of the United States of America that the information provided herein is true, correct, and complete.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of official)

\_\_\_\_\_ Address: \_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title) \_\_\_\_\_  
\_\_\_\_\_

If not a corporate officer or partner, please submit a Power of Attorney to demonstrate your authority to submit this application.



Form FMC-131 - continued  
Application for Certificate of Financial Responsibility

- New Schedule  
 Amended Schedule

**Vessel Schedule**

Check One

Instructions

Submit a Vessel Schedule for each vessel to: Federal Maritime Commission • Bureau of Certification and Licensing  
• 800 North Capitol St. NW, Washington, DC 20573  
Fax (202) 523-5830

VESSEL SCHEDULE FOR \_\_\_\_\_  
(Name of Vessel)

Applicant: \_\_\_\_\_

Please submit the following documents with this schedule:

1. Copy of the Certificate of Vessel Registry if not U.S. flagged or Copy of the Certificate of Documentation if U.S. flagged	
2. Copy of U.S. cruise itinerary	3. Specimen copy of passenger ticket/passage contract
4. Copy of payment and cancellation policy	5. Copy of charter agreement (if any)

Previous vessel name if any: \_\_\_\_\_

Number of passenger berths: \_\_\_\_\_ Total shipboard berths: \_\_\_\_\_

Please attach information showing fare structure, i.e., number of passenger berths in each price category.

Principal Codes – On the next page, provide information on all principals, indicating which of the following describes each principal. Use the letter code(s) below to identify all that apply to each principal.

A. Owner	B. Operator	C. Parent Company	D. Ticket/Contract Issuer
E. Marketing Agent	F. Charterer	G. Technical Manager	H. Other (describe)

**Principal Information**

Legal Name of Principal and Trade Name(s) used (provide English translation if not in English):

Principal Code:

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Street Address: \_\_\_\_\_

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

U.S. Agent for service of process and street address (if other than agent designated by applicant in item 3 of the Form FMC-131 application):

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Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name) Telephone: \_\_\_\_\_

\_\_\_\_\_  
(Title)

*Submit this vessel schedule for each vessel to: Federal Maritime Commission • Bureau of Certification and Licensing • 800 North  
Capitol St. NW, Washington, DC 20573  
Fax (202) 523-5830*

Attach continuation sheet(s) to add additional principal



**Vessel Schedule**

Sheet

\_\_\_\_ of \_\_\_\_

Continuation Sheet for \_\_\_\_\_  
(Name of Vessel)

Legal Name of Principal and Trade Name(s) used (provide English translation if not in English):

Principal Code:

\_\_\_\_\_  
\_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

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U.S. Agent for service of process and street address (if other than agent designated by applicant in item 3 of the Form FMC-131 application):

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_