



**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<br>(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)

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

\_\_\_\_\_  
(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:

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

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

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

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):

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

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: \_\_\_\_\_