

A Expedition Organizer

U.S. Department of State

OMB APPROVAL NO. 1405-xxxx EXPIRES: xx/xx/xxxx ESTIMATED BURDEN: 10.5 HOURS

ADVANCE NOTIFICATION FORM

TOURIST AND OTHER NON-GOVERNMENTAL ACTIVITIES IN THE ANTARCTIC TREATY AREA

This information is requested in furtherance of U.S. obligations under Article VII(5)(a) of the Antarctic Treaty of 1959, and consistent with Antarctic Treaty Consultative Meeting Recommendation XVIII-1 and Resolution XIX-3. Information below should be submitted no later than four months prior to intended travel to the Antarctic Treaty Area. Responses will facilitate a determination of U.S. jurisdiction over the activity and permit timely dissemination to Parties to the Treaty of expedition details. All U.S. nationals organizing expeditions to Antarctica in the United States, or proceeding to Antarctica from the United States, should submit this form to the U.S. Department of State as indicated below. For the purposes of this form, "expeditions to Antarctica" include activities south of Sixty degrees South Latitude, excluding commercial fishing voyages.

Submit completed form to: Antarctic Advisor, Office of Oceans Affairs Room 2665, Bureau of Oceans, Environment and Science, U.S. Department of State, 2201 C Street NW, Washington DC 20520

NOTE: For purposes of this form, crew includes a vessel's captain and officers, helicopter pilots, and deck, engine, and hotel/catering staff. Expedition personnel include guides, lecturers, and small boat drivers who are not otherwise counted as crew. Passengers include others accompanying the expedition, but exclude national representatives or observers. Include attachments for responses that require more space than the form provides.

A. Expedition organizer					
1. Name of Expedition Organizer (Company, entity, or person(s) as appropriate)		2. Expedition Organizer's Contact Person			
3. Mailing Address (Please also provide physical address if using a Post Office Box)		4. Nationality of Organizer			
5. Principal Place of Business		6. Total Number of Expedition Staff			
7. International Phone 8. Interna		tional Fax			
9. Explain activities undertaken by the organizer, including, for example, acquiring the use of vessels or aircraft, hiring expedition staff, or planning itineraries.					
10. Explain if the organizer maintains substantial ties to a country or countries other than the United States; for example, a U.S. national who habitually resides in another country, or a company which is the subsidiary of an entity incorporated in or with other substantial ties to another country.					
11. Explain whether any organizing activities will be or are being performed by a party or parties other than the named expedition organizer. Identify the nationality of individuals or commercial entities to whom the expedition organizer has delegated specified organizational responsibilities.					
12. Describe where the organizing activities will be or are being performed.					
13. Describe where the expedition will proceed from.					

B. Details of Transport and Equipment to be Used for the Tour/Expedition							
Complete these panels only once if all Tours/Expeditions planned do not vary in their use of transport or equipment; where these vary, complete the panel for every Tour or Expedition.							
B1. Vessel Aircraft Used for	Transp	port To/From Antarctic	а				
14. Vessel/Aircraft Registered Name			15. Vessel/Aircraft Type				
16. National Registration		17. Vessel/Aircraft Passenger Carrying Capacity		18. Vessel Ice Rating (If applicable)			
19. (Check one) Ship Yacht Aircraft Other			20. Vessel/Aircraft Fuel Capacity		21. Vessel/Aircraft Fuel Type		
22. Intended Use of Vessel/Aircraft							
23. Vessel/Aircraft Call Sign	2	24. Radio Frequency	25. INMARSAT Number/Fax				
26. Captains'/Commanders' Nar	me(s)				27. Total Number of Crew		
B2. Equipment to be Used W	Vithin A	Antarctica					
28. Number and Types of Aircra	aft to be	Used					
Number		Туре		Use			
29. Number and Types of Other	Vessel		(e.g. sm				
Number		Туре		Use			
C. Contingency Planning							
30. Type and Amount of Insurance Coverage, Including Name(s) of Insurer(s)							

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31. Arrangements for for self-sufficiency and contingency plans including for medical evacuations and search and rescue in the event of an emergency					
D. Expedition Details					
32. Planned Port of Embarkation	33. Planned Date of Embarkation (mm-dd-yyyy)				
oz. Hamiod Fort of Emparication	So. Fidelined Sale of Embarkation (Imm ad 3333)				
24 Planted Part of Discombination	25 Planned Date of Disambadation (some del 1999)				
34. Planned Port of Disembarkation	35. Planned Date of Disembarkation (mm-dd-yyyy)				
36. Planned Cruise/Flight Number or Voyage Name	37. Estimated Number of Passengers to be Carried				
38. Activities to be Undertaken and Purpose					
39. Proposed itinerary with dates and places to be visited. Include a proposed itinerary	for all expeditions that will proceed south of 60 degrees South				
Latitude, even if there is no intention for individuals to disembark onto land.					
Certification					
Signature of Tour/Expedition Organizer	Date (mm-dd-yyyy)				
Organization Tour/Expedition Organizer	Date (mm-du-yyyy)				
Public reporting burden for this collection of information is estimated to average 10.5 l					
existing data sources, gathering the necessary documentation, providing the information You do not have to supply this information unless this collection displays a currently variety.					
of this burden estimate and/or recommendations for reducing it, please send them to:					

Washington, DC 20520.

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