

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
**VESSEL RENEWAL NOTIFICATION
APPLICATION FOR RENEWAL**

OMB Approved: 1625-0027
Expiration Date: 04/30/2013

RETURN TO: **NATIONAL VESSEL DOCUMENTATION CENTER
PO BOX 1119
FALLING WATERS, WV 25419-1119**

NOTICE:

THE CERTIFICATE OF DOCUMENTATION FOR THE VESSEL IDENTIFIED BELOW EXPIRES ON THE DATE INDICATED. COMPLETE THE CERTIFICATION ON THIS FORM AND RETURN IT PRIOR TO THE DATE OF EXPIRATION BY MAIL, FAX OR EMAIL (PDF) USING THE INFORMATION PROVIDED BELOW.

IF UNABLE TO COMPLETE THE CERTIFICATION BECAUSE ONE OR MORE OF THE ITEMS LISTED HAS CHANGED, CONTACT THE NATIONAL VESSEL DOCUMENTATION CENTER. FAILURE TO REPORT CHANGES OR RETURN THIS CERTIFICATION BY THE EXPIRATION DATE MAY RESULT IN PENALTIES AND/OR REMOVAL OF THE VESSEL FROM DOCUMENTATION. OPERATION OF THE VESSEL WITH AN INACCURATE OR INVALID CERTIFICATE OF DOCUMENTATION MAY RESULT IN ADDITIONAL PENALTIES. IF SUBMITTED AFTER EXPIRATION DATE, INCLUDE \$5.00 LATE FEE, ACCEPTED FOR UP TO 30 DAYS PAST EXPIRATION.

AN AGENCY MAY NOT CONDUCT OR SPONSOR AND A PERSON IS NOT REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER.

THE COAST GUARD ESTIMATES THAT THE AVERAGE BURDEN FOR THIS FORM IS 5 MINUTES. YOU MAY SUBMIT ANY COMMENTS CONCERNING THE ACCURACY OF THIS BURDEN ESTIMATE OR ANY SUGGESTIONS FOR REDUCING THE BURDEN TO: U.S. COAST GUARD, NATIONAL VESSEL DOCUMENTATION CENTER, 792 T J JACKSON DRIVE, FALLING WATERS, WEST VIRGINIA 25419 OR OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (1625-0027), WASHINGTON, DC 20593.

PHONE: (800) 799-8362 OR (304) 271-2400

FAX: (304) 271-2541

EMAIL: VDC-PF-NVDCRENEWALS@USCG.MIL

PHYSICAL LOCATION: 792 T J JACKSON DRIVE, FALLING WATERS, WV 25419

POTENTIAL PENALTIES FOR FALSE STATEMENTS OR REPRESENTATION BY OWNER OR REPRESENTATIVE:
VESSEL FORFEITURE (46 USC 12151) AND FINE AND/OR IMPRISONMENT (18 USC 1001)

PLEASE INDICATE ADDRESS CHANGE BELOW. (A PHYSICAL ADDRESS IS REQUIRED WHEN USING A POST OFFICE BOX.)

NAME	E-MAIL ADDRESS
PHYSICAL ADDRESS	P.O. BOX
CITY, STATE, ZIP	CITY, STATE, ZIP

I CERTIFY THAT THE RECITATIONS CONCERNING THE VESSEL: NAME, TONNAGE, DIMENSIONS, PROPULSION, OWNERSHIP, HAILING PORT, RESTRICTIONS, ENTITLEMENTS, REMARKS AND ENDORSEMENTS CONTAINED IN THE CERTIFICATE OF DOCUMENTATION REMAIN ABSOLUTELY THE SAME.

AUTHORIZED SIGNATURE	
CAPACITY OF PERSON SIGNING (OWNER/AGENT)	DATE