DEPARTMENT OF HOMELAND SECURITY U.S. Coast Guard

OMB No: 1625-0027

Expires: 06/30/2016

ABSTRACT OF TITLE/CERTIFIED COD REQUEST.

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A. PLEASE CHECK BOX IF REQUESTING MULTIPLE DOCUMENTS AND USE PAGE 2							
B. VESSEL USE/ENDORSEMENT (CHECK ONE:) RECRE	EATION COMMERCIAL						
C. OFFICIAL # (IF AWARDED)	D. HULL IDENTIFICATION # OR OTHER UNIQUE IDENTIFIER (IF ANY)						
E. VESSEL NAME	F. OWNER'S NAME						
G. ABSTRACT OF TITLE (AT) CERTIFIED COPY C	F CERTIFICATE OF DOCUMENTATION (COD)						
H. BUSINESS/ORGANIZATION NAME (IF APPLICABLE)							
I. REQUESTOR'S NAME							
J. REQUESTOR'S ADDRESS							
K. REQUESTOR'S FAX NUMBER L. REQUESTOR'S TELEPHONE NUMBER							
M. E-MAIL ADDRESS							
N. CREDIT CARD HOLDER'S NAME							
O. CREDIT CARD NUMBER (WE ACCEPT VISA, MASTERCARD, AN OR DISCOVER)	P. EXPIRATION DATE						
Q. FEE INFORMATION:							
\$25 PER AT x ATS ORDERED = \$							
\$ 4 PER COD x CODS ORDERED) = \$						
R. TOTAL AUTHORIZED CHARGE TO CREDIT CARD \$							
S. REQUEST RETURN BY: USPS FAX E-MAIL							
FOR COAST GUARD USE ONLY							
T. NAME OF PERSON TAKING REQUEST	U. DATE						

PRIVACY ACT STATEMENT

IN ACCORDANCE WITH 5 U.S.C. 552(a), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

- AUTHORITY: SOLICITATION OF THIS INFORMATION IS AUTHORIZED BY 46 U.S.C., CHAPTERS 121 AND 125; 46 U.S.C. APP. 802 AND 883.
- THE PRINCIPAL PURPOSE FOR WHICH THIS INFORMATION IS TO BE USED IS TO COLLECT USER FEES DIRECTLY ASSOCIATED WITH THE NATIONAL VESSEL DOCUMENTATION CENTER FOR WHICH APPLICATION FOR DOCUMENTATION IS MADE.
- DISCLOSURE OF THE INFORMATION REQUESTED ON THIS FORM IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE INFORMATION REQUESTED WILL RESULT IN DENIAL OF THE APPLICATION FOR DOCUMENTATION. WHICH MAY PREVENT THE OWNER FROM OPERATING THE VESSEL(S) IN A SPECIFIED TRADE. 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 MAKE 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 20503.

ATTACHMENT TO ABSTRACT OF TITLE/CERTIFIED COD REQUEST

	OFFICIAL #	HULL IDENTIFICATION #	VESSEL NAME OR OWNER'S NAME	AT \$25.00	COD \$4.00	REC	СОМ
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