

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
APPLICATION FOR PERMIT TO ENTER
CUBAN TERRITORIAL SEAS

OMB Control Number: 1625-0106
 Expiration Date: 12/31/2017

WARNING: This permit does not constitute license or permission from the United States to engage in any activity that may be contrary to applicable United States laws or that of a foreign state. Your application requires an Office of Foreign Assets Control specific license to engage in travel related transactions involving Cuba. In addition, your application must include a Department of Commerce export license for any vessel or conveyance entering Cuban territorial seas. Failure to obtain all of the appropriate permits and licenses prior to travel to Cuba may result in felony prosecution, vessel seizure, and/or fines and administrative penalties.

| | | | |
|----------------------------|-------|---------------|----------------|
| Vessel Owner/Operator Name | | Date of Birth | |
| Residence Address | | City | State Zip |
| Phone # | Fax # | E-mail | |

Current location of vessel - Latitude: _____ N Longitude: _____ W and/or Marina name/location: _____

1. I am the (check all that apply): Owner Master Person in Charge Operator of:

Vessel Name: _____ Flag: _____ Type: _____

Make/Model: _____ Navigation Equipment: _____

Vessel Color: _____ Engine Type (Inboard/Outboard): _____

Registration #: _____ Length: _____ Homeport: _____

2. I request authorization to depart the U.S. territorial seas with the intent to enter the Cuban Territorial Sea during the voyage described below:

Last U.S. port prior to entering Cuban waters: _____ Date of departure: _____

Intended Cuban destination port: _____ Date of arrival: _____

Approximate position of intended entry into Cuban waters: Latitude _____ N Longitude _____ W

First U.S. port call after departing Cuban waters: _____ Date of arrival: _____

3. I acknowledge that nothing in this permit authorizes any violation of U.S. or foreign laws or regulations. (Detailed information on the U.S. embargo can be obtained from the U.S. Department of the Treasury, Office of Foreign Assets Control (OFAC) in Miami at 305 810-5140 & the Department of Commerce (DOC) at 954 356-7540 or 202 482-4811.) I certify that all persons authorized to crew, operate, or assist operations aboard my vessel, as listed below, have been made aware of the contents of this form, the regulations, and the U.S. embargo.

| Name | Birthdate | Address | City | State | Zip |
|----------|-----------|---------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |

Additional names/crew info listed on page 2 of this form.

4. Complete the following:

My purpose for the voyage is _____

My OFAC license number for this voyage is _____. (Or provide a written certification identifying the OFAC general license provision under which you seek to engage in travel-related transactions and describing the activities you seek to engage in within the terms of that general license.)

My Commerce export license number for this voyage is _____

Fax a copy of your approved OFAC and DOC export licenses with this application.

5. I understand that willfully making a false, fictitious, or fraudulent statement or concealing a material fact in this matter can result in a maximum penalty of imprisonment for 5 years and a fine of \$250,000 (18 USC 1001). I certify the above information I have supplied is true and correct.

Signature: _____ Date: _____

Fax the completed form to the Seventh Coast Guard District at (305) 415-6809. Questions: (305) 415-6800

Section 3 (continued) - Additional names/crew

| Name | Birthdate | Address | City | State | Zip |
|-----------|-----------|---------|-------|-------|-------|
| 1. _____ | _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ | _____ |
| 10. _____ | _____ | _____ | _____ | _____ | _____ |
| 11. _____ | _____ | _____ | _____ | _____ | _____ |
| 12. _____ | _____ | _____ | _____ | _____ | _____ |
| 13. _____ | _____ | _____ | _____ | _____ | _____ |
| 14. _____ | _____ | _____ | _____ | _____ | _____ |
| 15. _____ | _____ | _____ | _____ | _____ | _____ |
| 16. _____ | _____ | _____ | _____ | _____ | _____ |
| 17. _____ | _____ | _____ | _____ | _____ | _____ |
| 18. _____ | _____ | _____ | _____ | _____ | _____ |
| 19. _____ | _____ | _____ | _____ | _____ | _____ |
| 20. _____ | _____ | _____ | _____ | _____ | _____ |
| 21. _____ | _____ | _____ | _____ | _____ | _____ |
| 22. _____ | _____ | _____ | _____ | _____ | _____ |
| 23. _____ | _____ | _____ | _____ | _____ | _____ |
| 24. _____ | _____ | _____ | _____ | _____ | _____ |
| 25. _____ | _____ | _____ | _____ | _____ | _____ |
| 26. _____ | _____ | _____ | _____ | _____ | _____ |
| 27. _____ | _____ | _____ | _____ | _____ | _____ |
| 28. _____ | _____ | _____ | _____ | _____ | _____ |

USCG Official Use: _____ Authorization is: GRANTED _____ DENIED _____
 USCG Official Signature: _____ Date: _____
 Returned to Applicant on: _____ (date) Printed Name & Unit: _____

Privacy Act Notice

General: This notice is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5, U.S.C. Section 552a.
Authority: Collection of this information is authorized by 33 C.F.R. Part 107, implemented under the authority of 50 U.S.C. 191, 50 U.S.C. 192, 50 U.S.C. 194, 50 U.S.C. 195, 14 U.S.C. 141; Presidential Proclamations 6867 and 7757; and Secretary of Homeland Security Order 2004-001.
Purpose: The information is collected as part of a permitting process that is designed to regulate the departure from U.S. territorial waters of U.S. vessels and vessels without nationality, and entry thereafter into Cuban territorial waters.
Routine Uses: The information will be used by and disclosed to Coast Guard personnel who need the information to process the permit application and to conduct related to maritime law enforcement activities. The Coast Guard may share the information with other government agencies as necessary to process permit requests, conduct enforcement activities related to 33 C.F.R Part 107, and to respond to potential or actual threats to maritime safety or security.
Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent granting of a requested permit.

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 report is 2 minutes. You may submit any comments concerning the accuracy of this estimate or any suggestions for reducing the burden to: Commandant (CG-5311), U.S. Coast Guard, 2100 2nd Street, SW, Washington DC 20593-7363. Fax (202) 372-2913 or Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, D.C. 20503.