

The President and Chief Executive Officer of the operating cruise company, the Chief Ethics and/or Compliance Officer of the operating cruise company and all parent companies, and the highest-ranking Medical Officer of the operating cruise company and all parent companies must sign the following acknowledgement:

ACKNOWLEDGEMENT OF NO SAIL ORDER RESPONSE PLAN  
COMPLETENESS AND ACCURACY

I hereby certify to the best of my knowledge and belief that the information submitted by [insert name of cruise ship operator] as part of the No Sail Order response plan is complete and accurate or has been amended to make it so. I understand that any false statement made in connection with the submission of the No Sail Order response plan may subject me to criminal penalties under 18 U.S.C. 1001. I agree to comply with all elements outlined in the Conditional Sailing Order, the No Sail Order response plan, and in the *Technical Instructions for Mitigation of COVID-19 Among Cruise Ship Crew*, even while operating outside of U.S. waters. I understand that failure to comply may lead to suspension and revocation of this limited permission for those ships to operate in U.S. waters for the remainder of the period of the Conditional Sailing Order. I understand and acknowledge that this does not constitute permission to transport disembarking crew by commercial means unless all CDC criteria for demonstrating the absence of confirmed COVID-19 or COVID-like illness onboard has been met. I further understand and acknowledge that this does not constitute permission to embark passengers or resume passenger operations.

\_\_\_\_\_  
Signature Official 1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature Official 2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Signature Official 3

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title