| Federal maritime commission | APPLICATION FOR CERTIFICATE |  |
| :--- | :---: | :---: |
| Bureau of certification and | OF FINANCIAL RESPONSIBILITY | Approved omb no. |
| Licensing | (PERFORMANCE AND CASUALTY) | (Expires Xx-xx) |
| fmC-131 (Rev. $\mathrm{X}-\mathrm{xx})$ |  |  |

INSTRUCTIONS
Submit the application to the Bureau of Certification and Licensing, Federal Maritime Commission, Washington, D.C. 20573, or via email at pvo@fmc.gov. The application is in four parts: Part I - General; Part II - Vessels; Part III - Financial Responsibility and Part IV - Declaration. Applicants must answer all questions in Part I , Parts II and Part III as appropriate. Instructions relating to Part II and Part III are contained at the beginning of the respective part. If additional space is required, supplementary sheets may be attached to this application.

## PART I - GENERAL

1. (a) Legal name of applicant (name of responsible operator of all vessels listed

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(b) Trade name, or names used:
2. (a) State applicant's legal form of organization associated with each vessel for which you are making application, i.e. whether operating as an individual, corporation, partnership, association, or other organized group of persons (whether incorporated or not), and briefly describe applicant's current business activities.
(b) If a corporation, association, or other organization, indicate: State in the United States, or foreign country, in which incorporated or organized:

Date of incorporation or organization:
(Please include copy of Articles of Incorporation, Articles of Formation or Partnership Agreements.)
(c) If a partnership, provide name and address of each partner:
3. Name and address of applicant's United States agent or other person authorized by applicant to accept service of process and receipt of notices of designations and presentations of claims in the United States (collectively referred to as "service of process").

| $\begin{array}{c}\text { CABIN } \\ \text { CATEGORIES }\end{array}$ |  | $\begin{array}{c}\text { NO OF } \\ \text { CABINS }\end{array}$ | $\begin{array}{c}\text { NO OF } \\ \text { PASSENGERS }\end{array}$ | $\begin{array}{c}\text { COST PER } \\ \text { PASSENGE }\end{array}$ | $\begin{array}{c}\text { TOTAL } \\ \text { COST }\end{array}$ | $\begin{array}{c}\text { NO. OF } \\ \text { CRUISES }\end{array}$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| OWNER Suite | X | X | X | X |  |  |
| UPR |  |  |  |  |  |  |$]$


| Passenger Accommodations | Coverage for each <br> accommodation | Calculation | Total | Cumulative <br> Total |
| :---: | :---: | :---: | :---: | :---: |

PART II - VESSEL(S)
4. APPLICATION TYPE:
A. ADDITION
B. REMOVAL
C. RENEW
5. VESSEL DETAILS:

| Name <br> of Vessel | Country of <br> Registry | Registration <br> No. | Maximum number of berth <br> or stateroom accommodations |
| :---: | :---: | :---: | :---: |
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6. Provide name(s) of any other entity that may be arranging, offering, advertising or providing passage on a vessel or covering the owner or charterer of the vessel. (eg. Owner, Ticket Issuer, Charterers, Marketing Agent, Technical Manager, Parent Company)

## PART III - FINANCIAL RESPONSIBILITY

7. Submit itinerary and indicate whether it is for a single voyage, multiple voyages or all voyages scheduled annually.
8. (a) Submit a copy of the passenger ticket or other contract evidencing the sale of passenger transportation.
(b) Provide location of webpage containing refund policy under nonperformance of transportation within the meaning of 46 CFR Part 540.2.
9. SECTION 3-(PERFORMANCE) Financial Responsibility Calculations (Example)

Calculate these figures for each itinerary then add the total for each itinerary to estimate your total unearned passenger revenue.
10. SECTION 2 - (CASUALTY) Financial Responsibility Calculations (Example)

Largest Number of Berth Accommodations: $\qquad$

| Up to and including 500; plus | $\$ 20,000$ | $\$ 20000 * 500$ |
| :--- | :--- | :--- |
| Between 501 and 1000; plus | $\$ 15,000$ | $15000 * 500$ |
| Between 1001 and 1500; plus | $\$ 10,000$ | $10000 * 500$ |
| In excess of 1500 | $\$ 5,000$ | $5000 * 500+$ |

11. Evidence of financial responsibility may be submitted to the Commission using one of the below methods. Check only the item(s) which are applicable to this application:

PERFORMANCE
CASUALTY
INSURANCE:
SURETY BOND:
GUARANTY:
ESCROW AGREEMENT:
FINANCIAL INSTRUMENT PROVIDER:
\$ VALUE OF FINANCIAL INSTRUMENT: $\qquad$
PART IV - DECLARATION
12. Applicant's mailing address (street, number, post office box, city, state or country, indicate zip code if in the United States):
13. Telephone number (Area Code and Number)
14. E-mail address:

I declare that I have examined this application, including and accompanying schedules and statements, and, to the best of my knowledge and belief, it is true, correct, and complete. Furthermore, the applicant named in item 1(a) of Part I above is the responsible operator of all vessels now listed in or later added to this application. I agree that the agent designated in item 4 of Part I above, or that agent's replacement as may be designated later with the approval of the Secretary, Federal Maritime Commission, is considered the agent for service of process. I have signed this application in my capacity as an authorized official of the applicant, or, if acting under a power of attorney, pursuant to the power vested in me by the applicant as evidenced by the attached power of attorney.

SIGNATURE OF AUTHORIZED OFFICIAL:
DATE:

Type or print name of Authorized Official:

NOTE: Please be sure Parts I, II, and III have been completed in full.

