

<b>FEDERAL MARITIME COMMISSION</b> BUREAU OF CERTIFICATION AND LICENSING FMC-131 (Rev. X-XX)	<b>APPLICATION FOR CERTIFICATE          OF FINANCIAL RESPONSIBILITY          (PERFORMANCE AND CASUALTY)</b>	Approved OMB No. (Expires XX-XX)
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**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 in Part II):	<b>THIS SPACE FOR USE BY FMC ONLY</b>
(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: <small>(Please include copy of Articles of Incorporation, Articles of Formation or Partnership Agreements.)</small>	Date of incorporation or organization:
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(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").

CABIN CATEGORIES	NO OF CABINS	NO OF PASSENGERS	COST PER PASSENGER	TOTAL COST	NO. OF CRUISES	EST INITIAL UPR
OWNER Suite	X	X	X	X		
Category AA	X	X	X	X		
Category B	X	X	X	X		
Category C	X	X	X	X		
			X	X	X	

Passenger Accommodations	Coverage for each accommodation	Calculation	Total	Cumulative Total



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: \_\_\_\_\_

**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.