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| OMB Control Number 2133-0545  Expiration Date: XX/XX/XXXX |
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**Call Script**

Mr./Ms. [INSERT NAME]:

This is [INSERT NAME] from the Maritime Administration:

The Maritime Administration is conducting a Test Run of scenarios when a determination of coastwise-qualified vessel availability may be required.  The purpose of the Test Run is to verify procedures, industry points of contact, feedback mechanisms, etc. to develop lessons learned which will support making procedural changes necessary to make our availability assessments.

Would [COMPANY NAME] be available in the event of a request for coastwise-qualified vessels?

We have you listed as the point of contact for [COMPANY NAME]. Please verify the information below.

 -- Name:

 -- Phone Numbers:   (Work)

                                   (Mobile)

--E-mail address:

We list the following coastwise qualified vessels for [COMPANY NAME].  Please confirm (vessel/vessels), operating manager(s) or broker(s), the name(s) and registration number(s), the current location(s) and location(s) expected on [DATE], maximum draft, length, beam, maximum speed, capacity, whether the vessel(s) is under charter, and (specified special characteristics [or] conformity to stated port or terminal limitations or restrictions.)

Thank you for your assistance.