FEDERAL MARITIME COMMISSION BUREAU OF CERTIFICATION AND LICENSING FMC-131 (Rev. 07-2022)	**APPLICATION FOR CERTIFICATE OF FINANCIAL RESPONSIBILITY (PERFORMANCE AND CASUALTY)**	OMB No. 3072-0012 Expires 07-31-2025

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):

THIS SPACE FOR USE BY FMC ONLY

(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:

(Please include copy of Articles of Incorporation, Articles of Formation or Partnership Agreements.)

Date of incorporation or organization:

(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").

PART II - VESSEL(S)

4. APPLICATION TYPE: **A. ADDITION**_____ B. **REMOVAL**_____ C. **RENEW** _____

5. VESSEL DETAILS:

Name of Vessel	Country of Registry	Registration No.	Maximum number of berth or stateroom accommodations

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)*

CABIN CATEGORIES	NO OF CABINS	NO OF PASSENGERS	COST PER PASSENGE	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	

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: _____

Passenger Accommodations	Coverage for each accommodation	Calculation	Total	Cumulative Total
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:		

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.