Form **FMC-18**

Federal Maritime Commission

OTI LICENSE APPLICATION WORKSHEET

PART A

GENERAL

TO BE COMPLETED BY ALL APPLICANTS

APPLICATION MUST BE TYPED

a. Name of corporation, partnership or sole proprietorship: |License No. (if any)

b. Trade name(s):

[ ] Trade name used for NVOCC services only

[ ] Trade name used for OFF services only

[ ] Trade name used for both services

c. Principal Place of Business Address: number, street, and room or suite number:

d. City or town, state, ZIP code, and country:

e. (Area code)telephone number: (Area code)fax number:

f. E-Mail address/URL of Contact Person or QI:

g. Is this a new address? [ ]Yes [ ]No

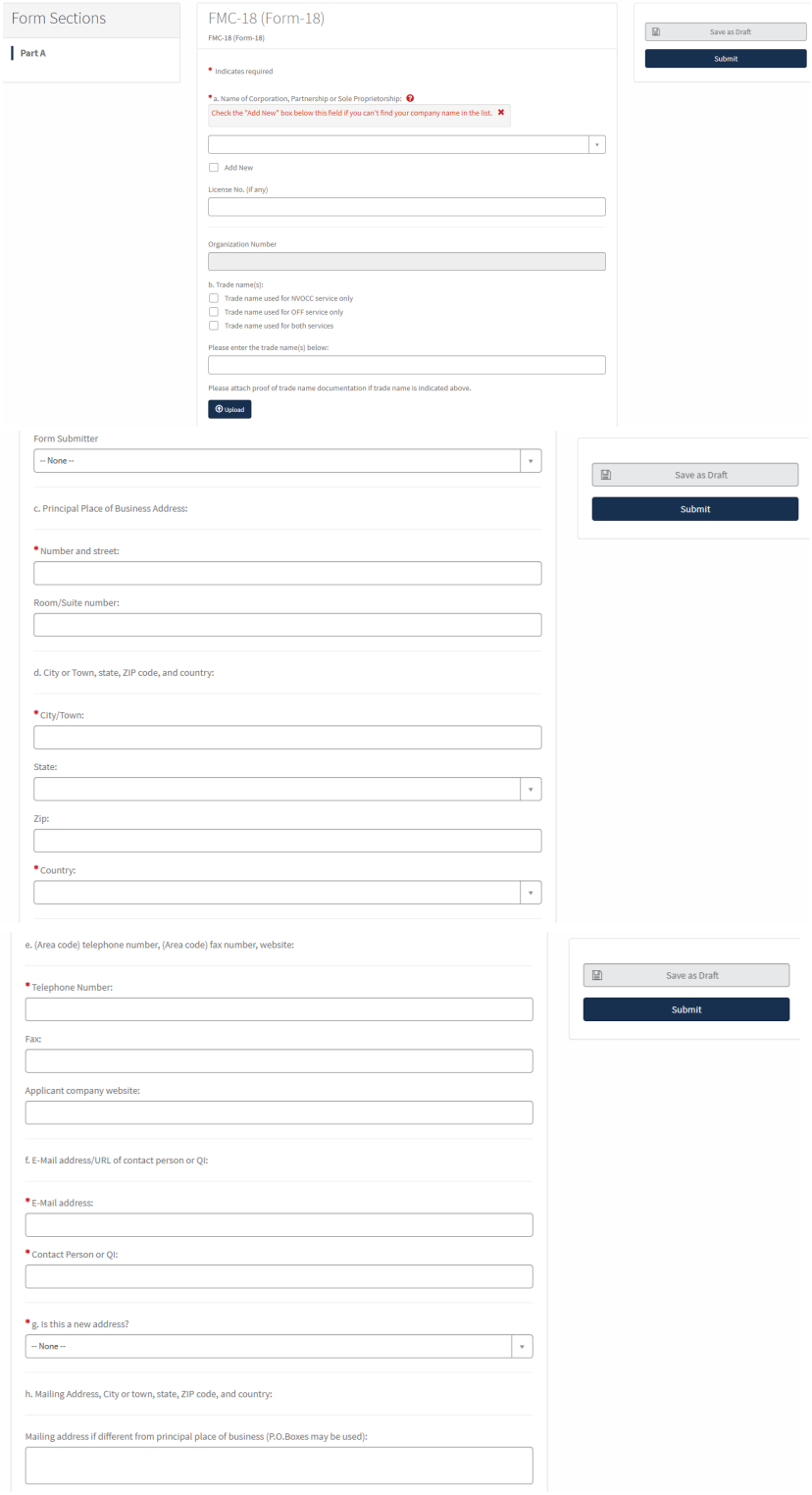
h. Mailing address if different from principal place of business (P.O. Boxes may be used):

City or town, state, Zip code, and country:

i. Application for (check as many as applicable and complete the designated Parts for the boxes checked):

[ ] new license to operate as an ocean freight forwarder (Parts A, B, D, E, F, G)
[ ] new license to operate as a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] new license to operate as both an ocean freight forwarder and a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] name change (Parts A, C, G)
[ ] addition / removal of trade name(s) (A, C, G)
[ ] replacement/additional qualifying individual (Parts A, D, E, G)
[ ] business structure change (Parts A, B, E, F, G)
[ ] license transfer (Parts A, B, C, E, F, G) Current name_____ to _____
[ ] adding NVOCC services to active OFF license (A, F, G)
[ ] adding OFF services to active NVOCC license (A, F, G)

All questions within applicable parts must be answered or noted "N/A."



Form **FMC-18**

Federal Maritime Commission

OTI LICENSE APPLICATION WORKSHEET

PART A — GENERAL

TO BE COMPLETED BY ALL APPLICANTS

APPLICATION MUST BE TYPED

a. Name of corporation, partnership or sole proprietorship: |License No. (if any)

b. Trade name(s):
[ ] Trade name used for NVOCC services only
[ ] Trade name used for OFF services only
[ ] Trade name used for both services

c. Principal Place of Business Address: number, street, and room or suite number:

d. City or town, state, ZIP code, and country:

e. (Area code)telephone number: (Area code)fax number:

f. E-Mail address/URL of Contact Person or QI:

g. Is this a new address? [ ]Yes [ ]No

h. Mailing address if different from principal place of business (P.O. Boxes may be used):

City or town, state, Zip code, and country:

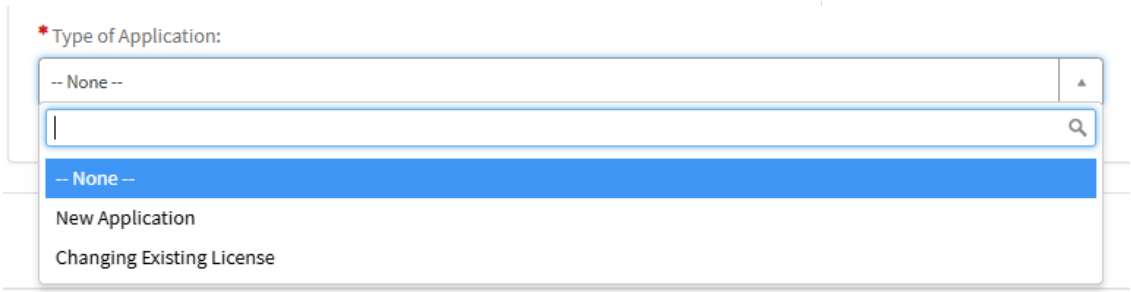
i. Application for (check as many as applicable and complete the designated Parts for the boxes checked):

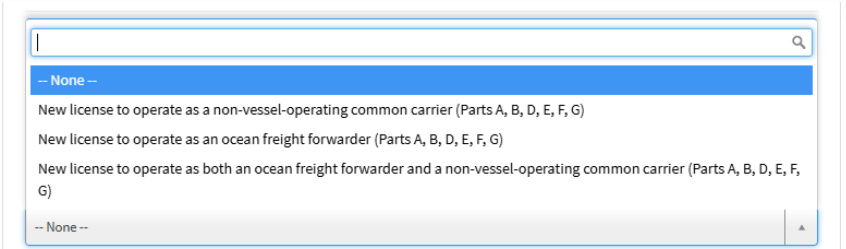
[ ] new license to operate as an ocean freight forwarder (Parts A, B, D, E, F, G)
[ ] new license to operate as a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] new license to operate as both an ocean freight forwarder and a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] name change (Parts A, C, G)
[ ] addition / removal of trade name(s) (A, C, G)
[ ] replacement/additional qualifying individual (Parts A, D, E, G)
[ ] business structure change (Parts A, B, E, F, G)
[ ] license transfer (Parts A, B, C, E, F, G) Current name_____ to _____
[ ] adding NVOCC services to active OFF license (A, F, G)
[ ] adding OFF services to active NVOCC license (A, F, G)

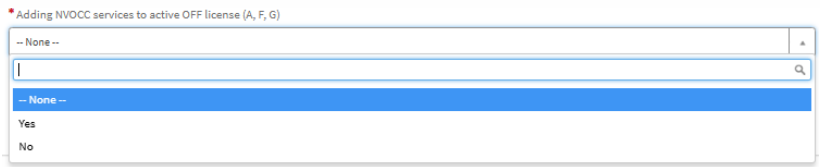
All questions within applicable parts must be answered or noted "N/A."

i. Application for (check as many as applicable and complete the designated Parts for the boxes checked):

* Type of Application: Changing Existing License
* Name change (Parts A, C, G) -- None --
* Addition / removal of trade name(s) (A, C, G) -- None --
* Replacement/additional qualifying individual (Parts A, D, E, G) -- None --
* Business structure change (Parts A, B, E, F, G) -- None --
* License transfer (Parts A, B, C, E, F, G) -- None --
* Adding NVOCC services to active OFF license (A, F, G) -- None --
* Adding OFF services to active NVOCC license (A, F, G) -- None --







Form **FMC-18**

Federal Maritime Commission

OTI LICENSE APPLICATION WORKSHEET

PART A

GENERAL

TO BE COMPLETED BY ALL APPLICANTS

APPLICATION MUST BE TYPED

a. Name of corporation, partnership or sole proprietorship: |License No. (if any)

b. Trade name(s):

[ ] Trade name used for NVOCC services only

[ ] Trade name used for OFF services only

[ ] Trade name used for both services

c. Principal Place of Business Address: number, street, and room or suite number:

d. City or town, state, ZIP code, and country:

e. (Area code)telephone number: (Area code)fax number:

f. E-Mail address/URL of Contact Person or QI:

g. Is this a new address? [ ]Yes [ ]No

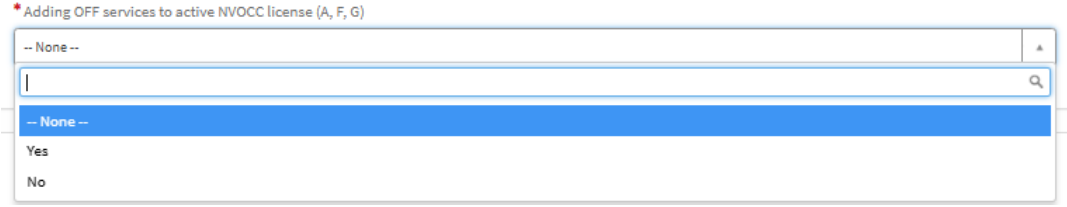
h. Mailing address if different from principal place of business (P.O. Boxes may be used):

City or town, state, Zip code, and country:

i. Application for (check as many as applicable and complete the designated Parts for the boxes checked):

[ ] new license to operate as an ocean freight forwarder (Parts A, B, D, E, F, G)
[ ] new license to operate as a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] new license to operate as both an ocean freight forwarder and a non-vessel-operating common carrier (Parts A, B, D, E, F, G)
[ ] name change (Parts A, C, G)
[ ] addition / removal of trade name(s) (A, C, G)
[ ] replacement/additional qualifying individual (Parts A, D, E, G)
[ ] business structure change (Parts A, B, E, F, G)
[ ] license transfer (Parts A, B, C, E, F, G) Current name_____ to _____
[ ] adding NVOCC services to active OFF license (A, F, G)
[ ] adding OFF services to active NVOCC license (A, F, G)

All questions within applicable parts must be answered or noted "N/A."



PART B BUSINESS INFORMATION

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, BUSINESS STRUCTURE CHANGE, LICENSE TRANSFER, OR ADDITION OF OFF OR NVOCC SERVICE

1. Applicant is:

[ ] A Sole Proprietorship [ ] A Partnership

[ ] A Limited Liability Partnership (LLP): State of Formation _____

[ ] A Corporation or Limited Liability Company: State of Formation _____

[ ] A Corporation: Date of Incorporation ____/____/____ (Mo. Da. Yr.) State of Incorporation _____

Applicant's Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) _____

Provide proof of legal name. All Corporations must attach a copy of their Articles of Incorporation. If the corporation is more than a year old, a "Certificate of Good Standing" issued within 6 months from date of application must be attached. LLPs must attach Partnership Agreements. LLCs must attach Articles of Formation. If applicant uses a trade name(s), attach "Certificate of Registration for Trade Name(s)" or other official proof of trade name.

2. Will applicant conduct ocean transportation intermediary services through branch office(s) in the U.S.? [ ]Yes [ ]No
If "Yes," how many branch offices?_____(If "Yes," please complete Part F.)

3. Has applicant previously held an ocean transportation intermediary license (ocean freight forwarder or NVOCC) issued by the Federal Maritime Commission? [ ]Yes [ ]No (If "Yes" complete items a, b, and c.)

Or Is this application for a license transfer? [ ]Yes [ ]No (If "Yes," complete items a, b and c on behalf of the company being transferred.)

a. License No.:	b. Date Issued: (Mo. Da. Yr.)	c. Name Under Which Issued:
	/ /	

4. Describe the current business activities of the applicant and list any related licenses (including license numbers) and certificates (for example, customhouse broker, NVOCC, air freight forwarder, etc.). If business is not currently conducting any activities, check here [ ].

_____

_____

_____

_____

5. Does applicant now share or intend to share office space or expenses with any other person or entity? [ ]Yes [ ]No
(If "Yes," please identify that person or entity and explain the applicant's relationship with this person or entity.)

_____

_____

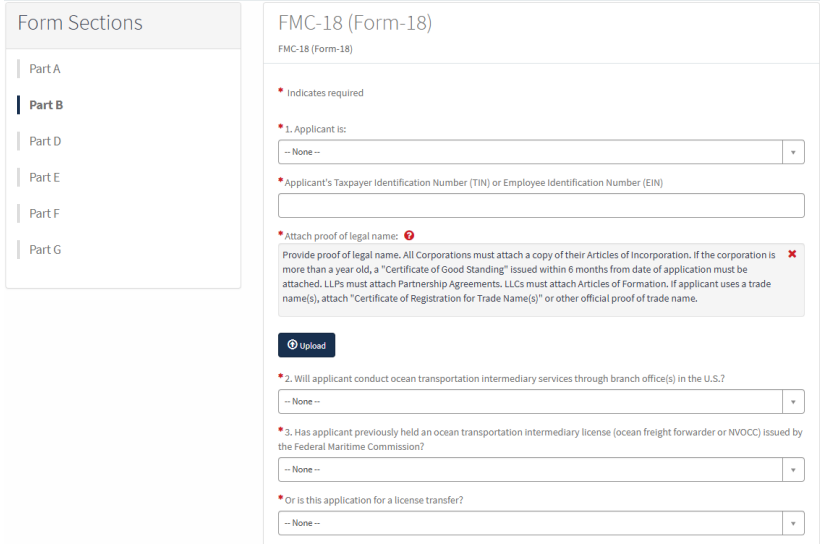
6. Is any person or entity, other than the applicant or its principals, providing financial assistance to the applicant, such as advancing funds or collateral for the surety bond? [ ]Yes [ ]No If the answer is yes, please identify the person or entity and explain the applicant's relationship with this person or entity.

_____

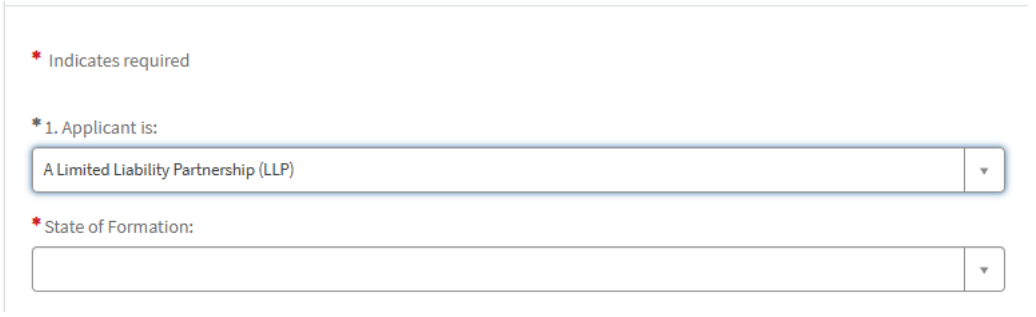
_____

_____

_____







PART B BUSINESS INFORMATION

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, BUSINESS STRUCTURE CHANGE, LICENSE TRANSFER, OR ADDITION OF OFF OR NVOCC SERVICE

1. Applicant is:

   [ ] A Sole Proprietorship [ ] A Partnership

   [ ] A Limited Liability Partnership (LLP): State of Formation _____

   [ ] A Limited Liability Company or Corporation: State of Formation _____

   [ ] A Corporation: Date of Incorporation ____/____/____ (Mo. Da. Yr.) State of Incorporation _____

   Applicant's Taxpayer Identification Number (TIN) or Employer Identification Number (EIN) _____

   Provide proof of legal name. All Corporations must attach a copy of their Articles of Incorporation. If the corporation is more than a year old, a "Certificate of Good Standing" issued within 6 months from date of application must be attached. LLPs must attach Partnership Agreements. LLCs must attach Articles of Formation. If applicant uses a trade name(s), attach "Certificate of Registration for Trade Name(s)" or other official proof of trade name.

2. Will applicant conduct ocean transportation intermediary services through branch office(s) in the U.S.? [ ]Yes [ ]No
   If "Yes," how many branch offices?_____(If "Yes," please complete Part F.)

3. Has applicant previously held an ocean transportation intermediary license (ocean freight forwarder or NVOCC) issued by the Federal Maritime Commission? [ ]Yes [ ]No (If "Yes" complete items a, b, and c.)

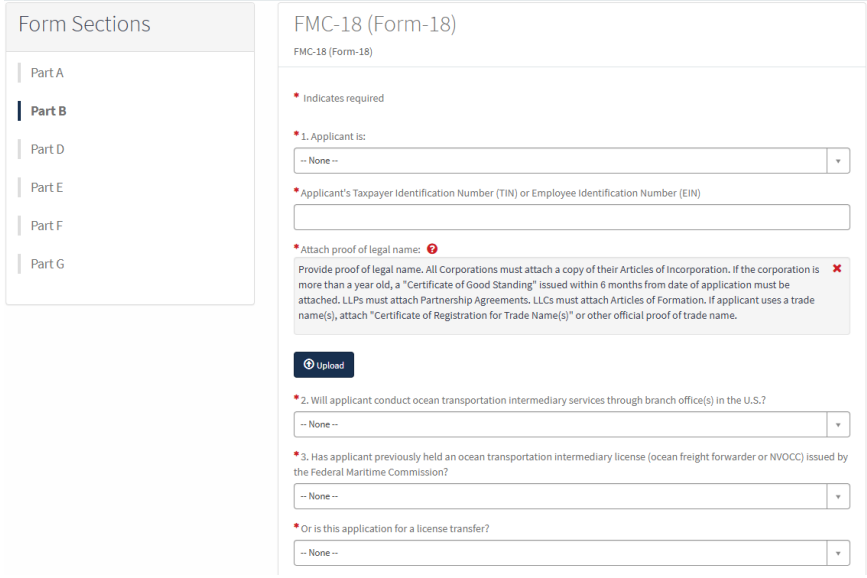
   Or Is this application for a license transfer? [ ]Yes [ ]No (If "Yes," complete items a, b and c on behalf of the company being transferred.)

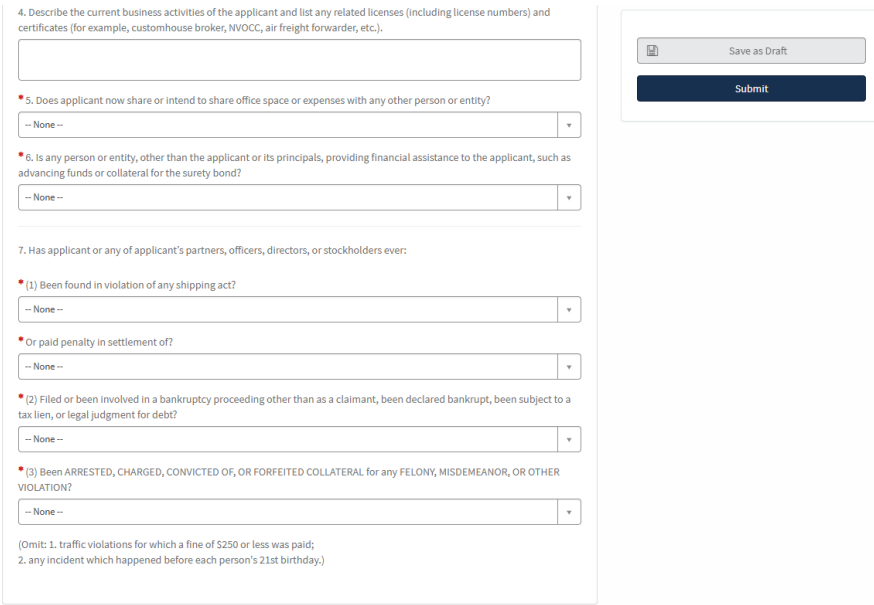
   a. License No.: |b. Date Issued: |c. Name Under Which Issued:
   | / / |
   Mo. Da. Yr.

4. Describe the current business activities of the applicant and list any related licenses (including license numbers) and certificates (for example, customhouse broker, NVOCC, air freight forwarder, etc.). If business is not currently conducting any activities, check here [ ].

5. Does applicant now share or intend to share office space or expenses with any other person or entity? [ ]Yes [ ]No
   (If "Yes," please identify that person or entity and explain the applicant's relationship with this person or entity.)

6. Is any person or entity, other than the applicant or its principals, providing financial assistance to the applicant, such as advancing funds or collateral for the surety bond? [ ]Yes [ ]No If the answer is yes, please identify the person or entity and explain the applicant's relationship with this person or entity.





7. Has applicant or any of applicant's partners, officers, directors, or stockholders ever:

(1) been found in violation of any shipping act? [ ]Yes [ ]No
or paid penalty in settlement of? [ ]Yes [ ]No
(2) filed or been involved in a bankruptcy proceeding, other than as a claimant, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered for a debt? [ ]Yes [ ]No
(3) been ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL for any FELONY, MISDEMEANOR, OR OTHER VIOLATION? [ ]Yes [ ]No
(Omit: 1. traffic violations for which a fine of $250 or less was paid;
2. any incident which happened before each persons 21st birthday.)

If the response to any part of this question is "Yes," please attach an explanation. For bankruptcy, please include order of discharge. For tax lien, please provide release of lien. For judgment, please provide satisfaction of civil judgment.

4. Describe the current business activities of the applicant and list any related licenses (including license numbers) and certificates (for example, customhouse broker, NVOCC, air freight forwarder, etc.).

* 5. Does applicant now share or intend to share office space or expenses with any other person or entity?

-- None --

* 6. Is any person or entity, other than the applicant or its principals, providing financial assistance to the applicant, such as advancing funds or collateral for the surety bond?

-- None --

7. Has applicant or any of applicant's partners, officers, directors, or stockholders ever:

* (1) Been found in violation of any shipping act?

-- None --

* Or paid penalty in settlement of?

-- None --

* (2) Filed or been involved in a bankruptcy proceeding other than as a claimant, been declared bankrupt, been subject to a tax lien, or legal judgment for debt?

-- None --

* (3) Been ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL for any FELONY, MISDEMEANOR, OR OTHER VIOLATION?

-- None --

(Omit: 1. traffic violations for which a fine of $250 or less was paid;
2. any incident which happened before each person's 21st birthday.)

Save as Draft

Submit

PART C **NAME CHANGE / LICENSE TRANSFER**

TO BE COMPLETED BY PERSONS REQUESTING APPROVAL OF A NAME CHANGE, ADDITION OR REMOVAL OF A TRADE NAME, OR TRANSFER OF A LICENSE

8. **Previous name of licensee.**

New name of licensee. Provide documentation for name change. (See Instructions)

Trade name(s), if any (attach "Fictitious Name Statement" or other proof of trade name registration):

[ ] NVOCC [ ] OFF [ ] Both

[ ] NVOCC [ ] OFF [ ] Both

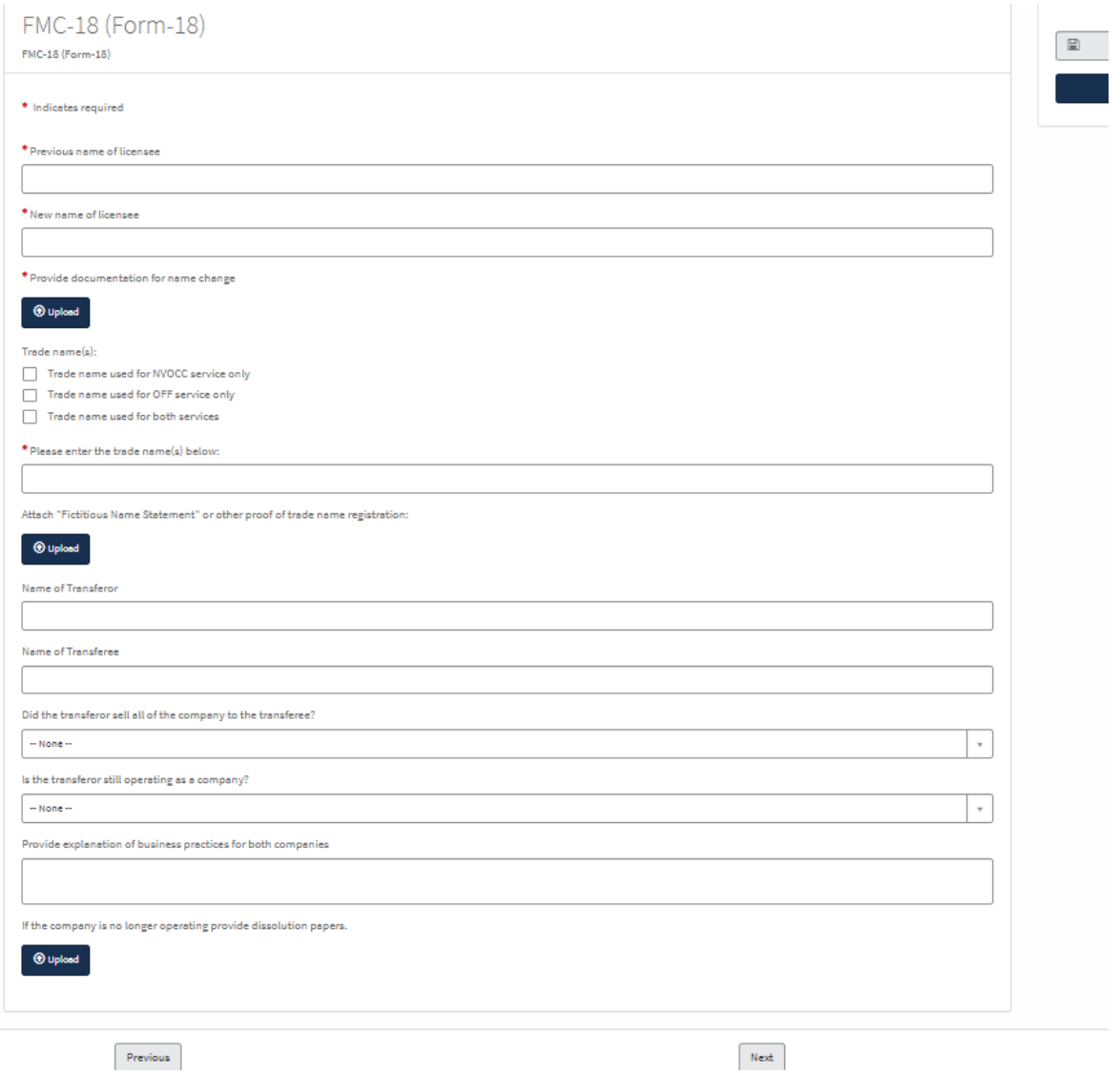
License Transfer:

Name of Transferor

Name of Transferee

Did the transferor sell all of the company to the transferee? [ ] Yes [ ] No
(If no, list the parts that were sold to the transferee)

Is the transferor still operating as a company? [ ] Yes [ ] No
(Provide explanation of business practices for both company's. If the company is no longer operating provide dissolution papers.)



PART D — QUALIFYING INDIVIDUAL

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE AND REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUALS

9. Name of proposed qualifying individual: Title:

Business address: number, street, and room or suite number, city, state, zip code, country (If different from principal address)

S. S. Number: DOB Place of Birth: US
Citizen or Resident Alien: city, state, county
(If Resident Alien provide No.)

10. Is the proposed qualifying individual a (an):

Initial Qualifying Individual [ ]
Additional Qualifying Individual [ ]
Replacement Qualifying Individual [ ](Name of individual being replaced:_____)

11. Position the qualifying individual holds as a corporate officer, member, or active partner:_____
(Attach proof of position held i.e., minutes from meeting electing the officers)

12. Length of qualifying ocean transportation intermediary experience (years/months):_____

13. Has the proposed qualifying individual(s) ever:

(1) been submitted as the qualifying individual for another company? [ ]Yes [ ]No
(2) been found in violation of any shipping act? [ ]Yes [ ]No
or paid penalty in settlement of? [ ]Yes [ ]No
(3) filed or been involved in a bankruptcy proceeding, other than as a claimant, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered for a debt? [ ]Yes [ ]No
(4) been ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL for any FELONY, MISDEMEANOR, OR OTHER VIOLATION? [ ]Yes [ ]No
(Omit: 1. traffic violations for which a fine of $250 or less was paid;
2. any incident which happened before each persons 21st birthday.)

If the response to any part of this question is "Yes," please attach an explanation. For bankruptcy, please include order of discharge. For tax lien, please provide release of lien. For judgment, please provide satisfaction of civil judgment.

14. Employment history of qualifying individual demonstrating experience in ocean transportation intermediary services (attach separate sheet, if necessary):

(a) Employer's name: Dates employed: (Month/Year) to

Number, street, and room or suite number: FMC License No. (If applicable):

City or town, state, and ZIP code:

Area code/telephone number: Area code/fax number: Email address:

Name of Supervisor: Type of business:

Description of ocean transportation intermediary duties performed:

9.

Name of proposed qualifying individual:

* First Name

Middle Name

* Last Name

* Title

* Business Address Number and Street

Business Address Room or Suite Number

* City

State

Zip code

* Country

* Place of Birth City

* Place of Birth Country

* Date Of Birth

YYYY-MM-DD

S.S Number

* Citizen or Resident Alien

-- None --

* 10. Is the proposed qualifying individual a (an):

-- None --

* 11. Position the qualifying individual holds as a corporate officer, member, or active partner:

* Attach proof of position held i.e., minutes from meeting electing the officers

Upload

* 12. Length of qualifying ocean transportation intermediary experience (Years)

* Length of qualifying ocean transportation intermediary experience (Months)

13.

Has the proposed qualifying individual(s) ever:

* Been submitted as the qualifying individual for another company?

-- None --

* Been found in violation of any shipping act?

-- None --

* Or paid penalty in settlement of?

-- None --

* Filed or been involved in a bankruptcy proceeding, other than as a claimant, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered for a debt?

-- None --

* Been ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL for any FELONY, MISDEMEANOR, OR OTHER VIOLATION?

-- None --

More Information:

(Omit: 1. traffic violations for which a fine of $250 or less was paid; 2. any incident which happened before each persons 21st birthday.)

Cancel Add

PART D — QUALIFYING INDIVIDUAL

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE AND REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUALS

9. Name of proposed qualifying individual: Title:

Business address: number, street, and room or suite number, city, state, zip code, country (If different from principal address)

S. S. Number: DOB Place of Birth: US
Citizen or Resident Alien:
city, state, county
(If Resident Alien provide No.)

10. Is the proposed qualifying individual a (an):

Initial Qualifying Individual [ ]
Additional Qualifying Individual [ ]
Replacement Qualifying Individual [ ](Name of individual being replaced:_____)

11. Position the qualifying individual holds as a corporate officer, member, or active partner:_____
(Attach proof of position held i.e., minutes from meeting electing the officers)

12. Length of qualifying ocean transportation intermediary experience (years/months):_____

13. Has the proposed qualifying individual(s) ever:

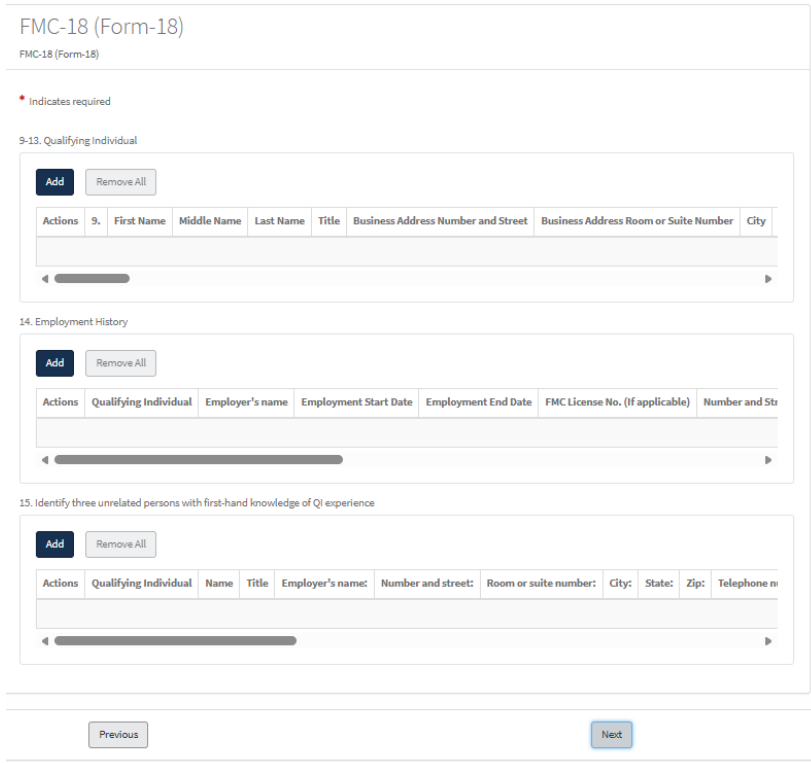
(1) been submitted as the qualifying individual for another company? [ ]Yes [ ]No
(2) been found in violation of any shipping act? [ ]Yes [ ]No
or paid penalty in settlement of? [ ]Yes [ ]No
(3) filed or been involved in a bankruptcy proceeding, other than as a claimant, been declared bankrupt, been subject to a tax lien, or had legal judgment rendered for a debt? [ ]Yes [ ]No
(4) been ARRESTED, CHARGED, CONVICTED OF, OR FORFEITED COLLATERAL for any FELONY, MISDEMEANOR, OR OTHER VIOLATION? [ ]Yes [ ]No

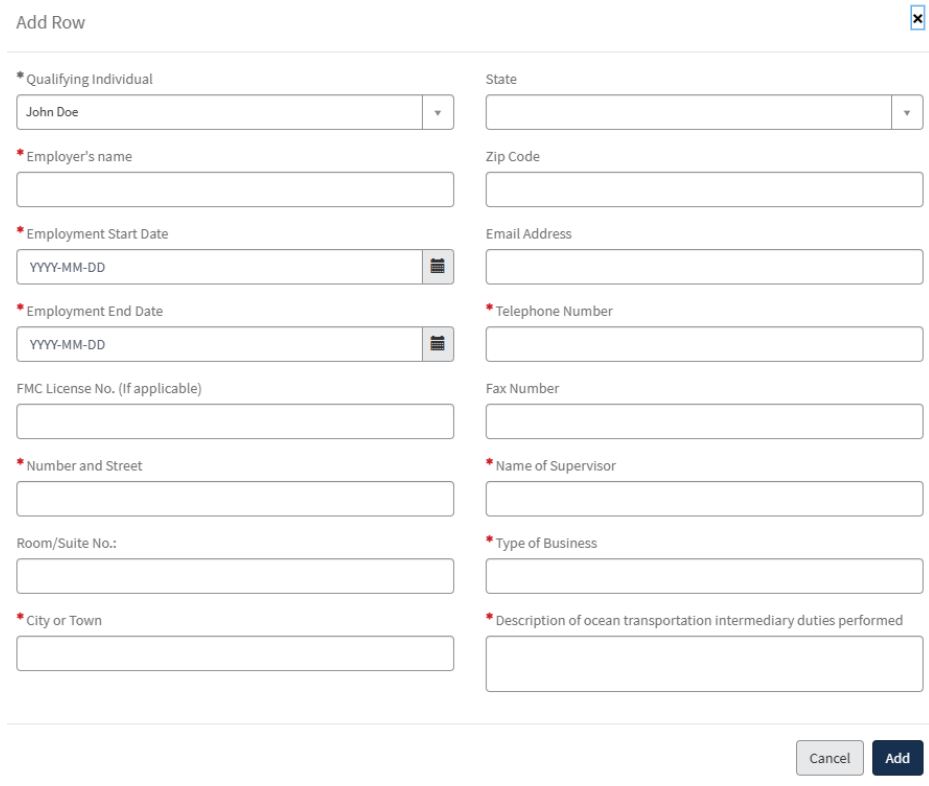
(Omit: 1. traffic violations for which a fine of $250 or less was paid;
2. any incident which happened before each persons 21st birthday.)

If the response to any part of this question is "Yes," please attach an explanation. For bankruptcy, please include order of discharge. For tax lien, please provide release of lien. For judgment, please provide satisfaction of civil judgment.

14. Employment history of qualifying individual demonstrating experience in ocean transportation intermediary services (attach separate sheet, if necessary):

(a) Employer's name: Dates employed: (Month/Year)
to
Number, street, and room or suite number: FMC License No. (If applicable):
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number: Email address:
Name of Supervisor: Type of business:
Description of ocean transportation intermediary duties performed:





(b) Employer's name: Dates employed:(Month/Year) to

Number, street, and room or suite number: FMC License No. (If applicable):

City or town, state, and ZIP code:

Area code/telephone number: Area code/fax number: Email address:

Name of Supervisor: Type of business:

Description of ocean transportation intermediary duties performed:

(c) Employer's name: Dates employed:(Month/Year) to

Number, street, and room or suite number: FMC License No. (If applicable):

City or town, state, and ZIP code:

Area code/telephone number: Area code/fax number: Email address:

Name of Supervisor: Type of business:

Description of ocean transportation intermediary duties performed:

15. Identify three (3) persons, unrelated to the qualifying individual or applicant, who have first-hand knowledge of the actual ocean transportation intermediary experience of the qualifying individual.

(a) Name: Title:

Employer's name:

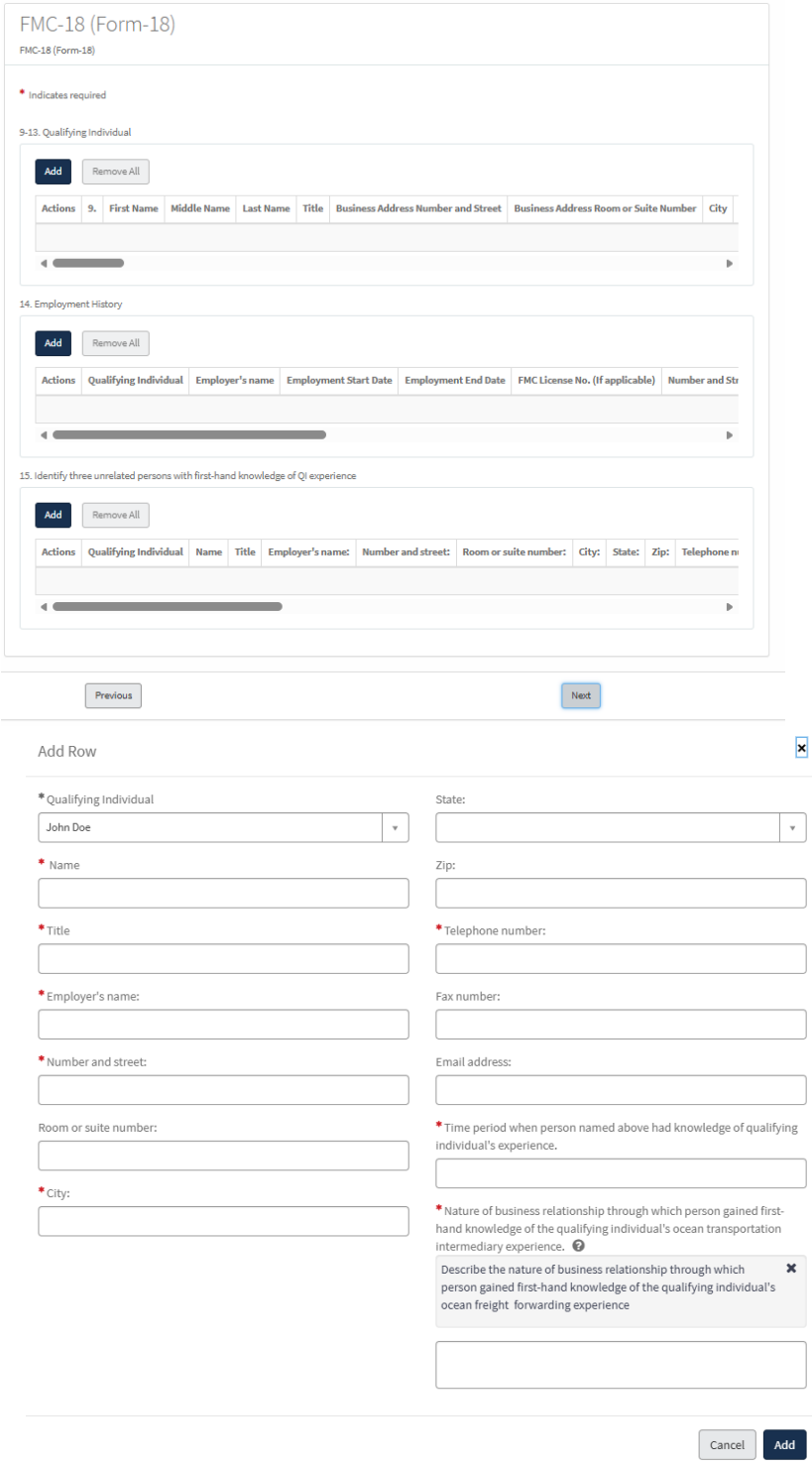
Number, street, and room or suite number:

City or town, state, and ZIP code:

Area code/telephone number: Area code/fax number: Email address:

Time period when person named above had knowledge of qualifying individual's experience.

Nature of business relationship through which person gained first-hand knowledge of the qualifying individual's ocean freight forwarding experience.



PART E OWNERSHIP AND AFFILIATIONS

TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, AND TO REPORT OWNERSHIP CHANGES, BUSINESS STRUCTURE CHANGE, LICENSE TRANSFER, AND IF APPLICABLE, CHANGES RESULTING FROM A CHANGE IN PERSONNEL OR REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUAL

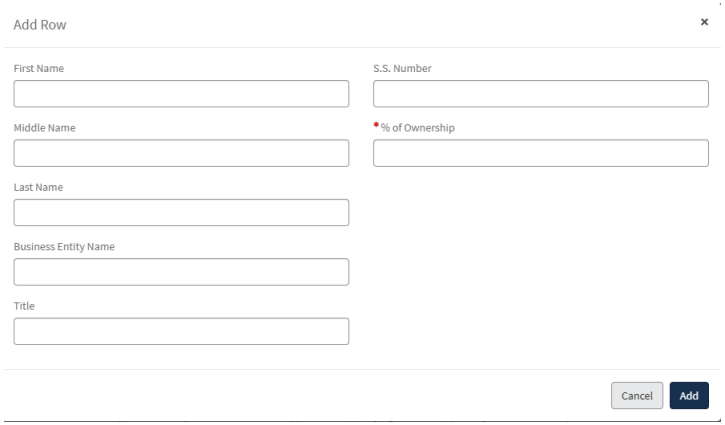
16. Applicant's Ownership, Officers, Partners, Members, Directors, Stockholders, Parent or Holding Company:

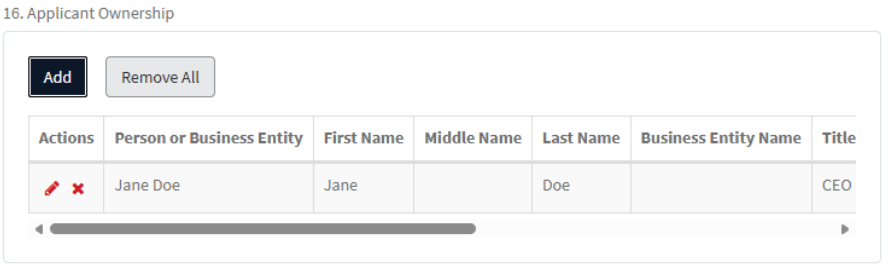
Name of Officer/Director/Partner/Stockholder/Business Entity	Title	S.S. Number	Percentage of Ownership

17. If applicant will operate as an OFF, will applicant, its qualifying individual(s), or any officer, director, partner, member, stockholder, parent or holding company have a beneficial interest in shipments moving in the U.S. foreign commerce?
[ ]Yes [ ]No
If "Yes," identify the name and address of each person or entity having a beneficial, proprietary, or financial interest in shipments moving in the U.S. foreign commerce and the nature of such beneficial interest.

18. Is either applicant or its qualifying individual(s) related to any other entity by reason of ownership, employment, common officers, members, directors, stockholders, parent or holding company? [ ] Yes [ ] No
If "Yes," identify the name, address, and phone number of each entity related to the applicant or its qualifying individual; describe the relationship or affiliation to applicant or qualifying individual and the type of business in which such entity is engaged. Describe the primary business of the parent or holding company or related company. You may submit organization charts and annual reports which provide the information.







PART E OWNERSHIP AND AFFILIATIONS

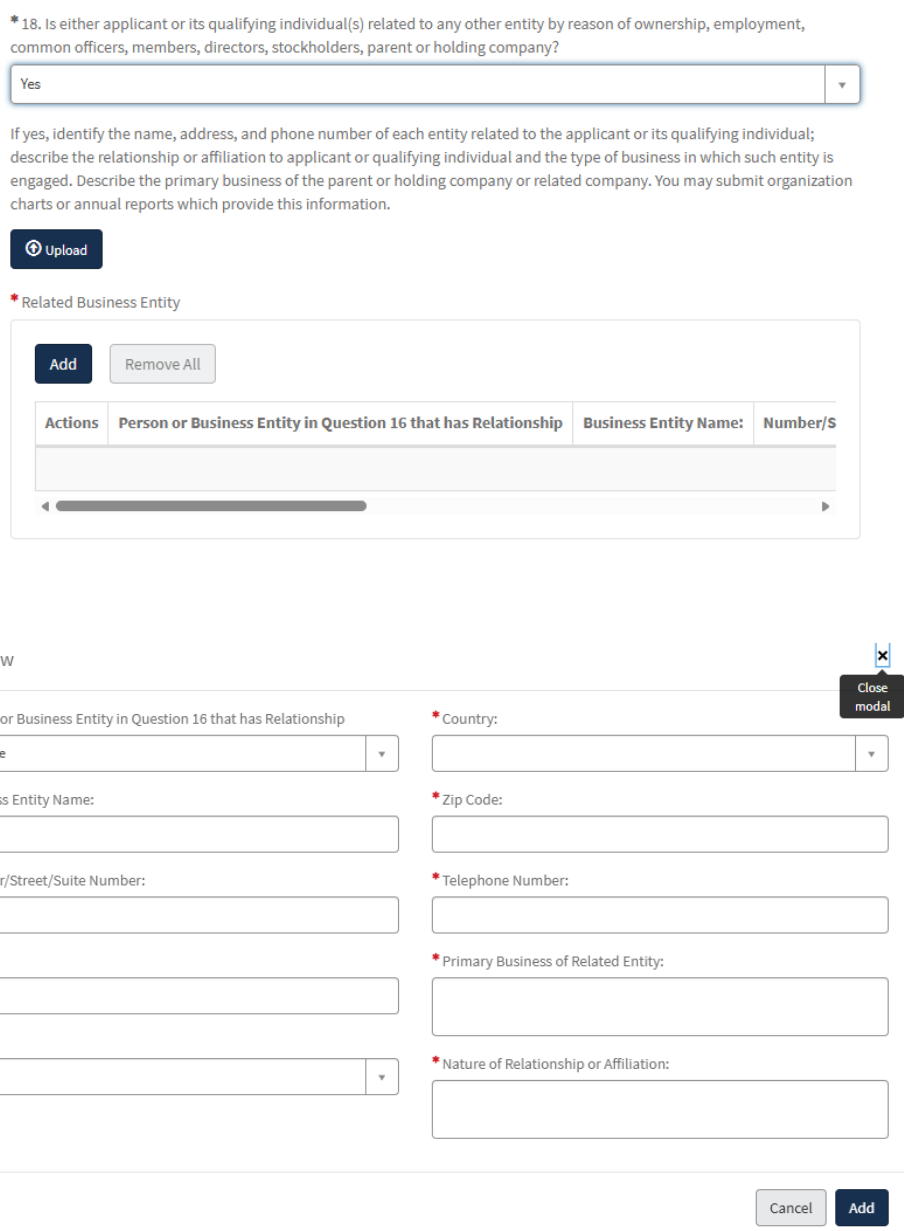
TO BE COMPLETED BY APPLICANTS FOR AN OCEAN TRANSPORTATION INTERMEDIARY LICENSE, AND TO REPORT OWNERSHIP CHANGES, BUSINESS STRUCTURE CHANGE, LICENSE TRANSFER, AND IF APPLICABLE, CHANGES RESULTING FROM A CHANGE IN PERSONNEL OR REPLACEMENT/ADDITIONAL QUALIFYING INDIVIDUAL

16. Applicant's Ownership, Officers, Partners, Members, Directors, Stockholders, Parent or Holding Company:

Name of Officer/Director/Partner/Stockholder/Business Entity	Title	S.S. Number	Percentage of Ownership

17. If applicant will operate as an OFF, will applicant, its qualifying individual(s), or any officer, director, partner, member, stockholder, parent or holding company have a beneficial interest in shipments moving in the U.S. foreign commerce?
[ ]Yes [ ]No
If "Yes," identify the name and address of each person or entity having a beneficial, proprietary, or financial interest in shipments moving in the U.S. foreign commerce and the nature of such beneficial interest.

18. Is either applicant or its qualifying individual(s) related to any other entity by reason of ownership, employment, common officers, members, directors, stockholders, parent or holding company? [ ] Yes [ ] No
If "Yes," identify the name, address, and phone number of each entity related to the applicant or its qualifying individual; describe the relationship or affiliation to applicant or qualifying individual and the type of business in which such entity is engaged. Describe the primary business of the parent or holding company or related company. You may submit organization charts and annual reports which provide the information.



PART F **U.S. BRANCH OFFICES**
(DETAILED INFORMATION ON BRANCH OFFICES)

19. Identify U. S. branch office(s) (attach separate sheet, if necessary): If none, check here [ ]

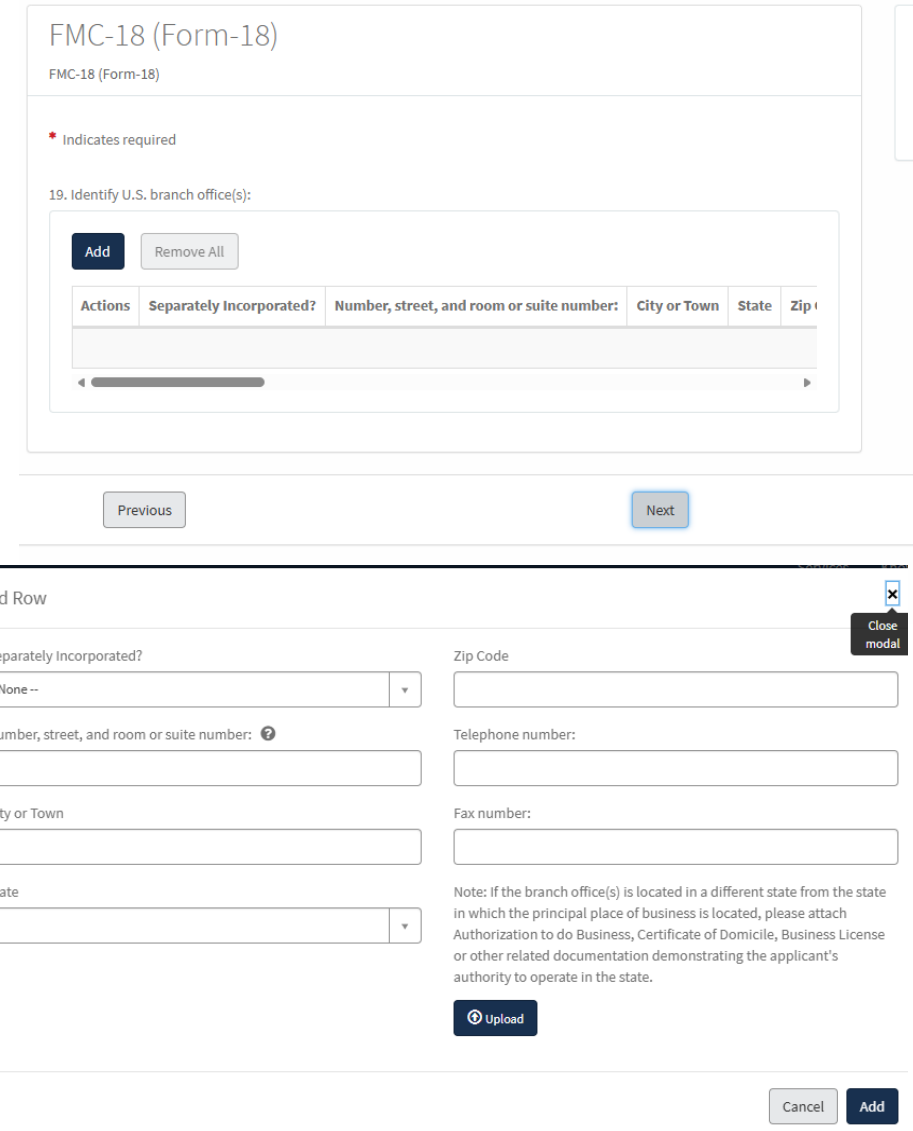
(a) Address of Branch Office: Separately Incorporated:
[ ]Yes [ ]No
Number, street, and room or suite number:
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number:

(b) Address of Branch Office: Separately Incorporated:
[ ]Yes [ ]No
Number, street, and room or suite number:
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number:

(c) Address of Branch Office: Separately Incorporated:
[ ]Yes [ ]No
Number, street, and room or suite number:
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number:

(d) Address of Branch Office: Separately Incorporated:
[ ]Yes [ ]No
Number, street, and room or suite number:
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number:

(e) Address of Branch Office: Separately Incorporated:
[ ]Yes [ ]No
Number, street, and room or suite number:
City or town, state, and ZIP code:
Area code/telephone number: Area code/fax number:



PART G CERTIFICATIONS

SOLE PROPRIETORSHIPS ONLY

I,_____, certify under penalty of perjury
(NAME OF SOLE PROPRIETOR)
under the laws of the United States, that I have not been convicted, after September 1, 1989, of any Federal or State offense involving the distribution or possession of a controlled substance, or that if I have been so convicted, I am not ineligible to receive Federal benefits, either by court order or operation of law, pursuant to 21 U.S.C. 862.

_____
Signature of Sole Proprietor Date

ALL APPLICANTS INCLUDING SOLE PROPRIETORS

I certify that I have received and read a copy of the Commission's ocean transportation intermediary regulations, 46 C.F.R. Part 515, and pertinent sections of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998 (46 U.S.C. 40101 et seq.), governing the licensing of ocean transportation intermediaries, and that I will abide by all the provisions thereof from this date forward.

I further certify that I have specifically reviewed 46 C.F.R. § 515.42(h) (concerning the operations of licensees which are NVOCCs or which are related to NVOCCs) and 46 C.F.R. § 515.42(i) (concerning the operations of licensees which have a beneficial interest in merchandise exported from the United States by water or which are related to persons with a beneficial interest in merchandise exported from the United States by water).

I further certify that I shall not act as an ocean transportation intermediary as defined in section 3 of the Shipping Act of 1984, as amended by the Ocean Shipping Reform Act of 1998 and the Coast Guard Authorization Act of 1998, or perform ocean transportation intermediary services as defined in 46 C.F.R. Part 515, without a valid ocean transportation intermediary license by the Federal Maritime Commission.

Under penalties of perjury, I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct and complete.

_____
Signature Date

_____
Print Title

