

APPLICATION FOR PERMIT TO ENTER CUBAN TERRITORIAL SEAS

WARNING: This permit does not constitute license or permission from the United States to engage in any activity that may be contrary to applicable United States laws or that of a foreign state. Your application requires an Office of Foreign Assets Control specific license to engage in travel related transactions involving Cuba. In addition, your application must include a Department of Commerce export license for any vessel or conveyance entering Cuban territorial seas. Failure to obtain all of the appropriate permits and licenses prior to travel to Cuba may result in felony prosecution, vessel seizure, and/or fines and administrative penalties.

Vessel Owner/Operator Name: _____ Date of Birth _____
Residence Address: _____ City: _____ State: _____ Zip: _____
Phone Number _____ Fax Number _____ Email: _____
Current location of vessel: Latitude: _____ Longitude: _____ and/or Marina name/location: _____

1. I am the (circle all that apply): I Owner I Master I Person in Charge I Operator I of:

Vessel Name: _____ Flag: _____ Type: _____
Make/Model: _____ Navigation Equipment: _____
Vessel Color: _____ Engine Type (Inboard/Outboard): _____
Registration Number: _____ Length: _____ Homeport: _____

2. I request authorization to depart the U.S. territorial seas with the intent to enter the Cuban Territorial Sea during the voyage described below:

Last U.S. port prior to entering Cuban waters: _____ Date of departure: _____
Intended Cuban destination port: _____ Date of arrival: _____
Approximate position of intended entry into Cuban waters: _____ Latitude _____ Longitude _____
First US port call after departing Cuban waters: _____ Date of arrival: _____

3. I acknowledge that nothing in this permit authorizes any violation of U.S. or foreign laws or regulations. (Detailed information on the U.S. embargo can be obtained from the U.S. Department of the Treasury, Office of Foreign Assets Control (OFAC) in Miami at 305-810-5140 & the Department of Commerce (DOC) at 954-356-7540 or 202-482-4811) I certify that all persons authorized to crew, operate or assist operations aboard my vessel, as listed below, have been made aware of the contents of this form, the regulations, and the U.S. embargo.

Name	Birth date	Address	City	State	Zip
1. _____					
2. _____					
3. _____					
4. _____					

Additional names/crew info listed on reverse side of form.

4. Complete the following:

My purpose for the voyage is _____
My OFAC license number for this voyage is _____ (Or provide a written certification identifying the OFAC general license provision under which you seek to engage in travel-related transactions and describing the activities you seek to engage in within the terms of that general license.)

My Commerce license number for this voyage is _____

Fax a copy of your approved OFAC and Commerce export licenses with this application.

5. I understand that willfully making a false, fictitious or fraudulent statement, or concealing a material fact in this matter can result in a maximum penalty of imprisonment for 5 years and a fine of \$250,000 (18 USC 1001).

I certify the above information I have supplied is true and correct.

Signature: _____ Date: _____

Fax the completed form to the Seventh Coast Guard District at 305-415-6809. Questions: 305-415-6800

USCG OFFICIAL USE

USCG Official Signature: _____ Date: _____
Printed Name & Unit: _____ Returned to applicant on: _____

Note: APPROVED PERMIT MUST BE TAKEN ON VOYAGE