

DEPARTMENT OF HOMELAND SECURITY  
**U.S. Coast Guard**  
**APPLICATION FOR PERMIT TO ENTER**  
**CUBAN TERRITORIAL SEAS**

OMB Control Number: 1625-0106  
 Expiration Date: 08/31/2014

**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
Phone #	Fax #	E-mail	

Current location of vessel - Latitude: \_\_\_\_\_ N      Longitude: \_\_\_\_\_ W      and/or Marina name/location: \_\_\_\_\_

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

Vessel Name: \_\_\_\_\_      Flag: \_\_\_\_\_      Type: \_\_\_\_\_

Make/Model: \_\_\_\_\_      Navigation Equipment: \_\_\_\_\_

Vessel Color: \_\_\_\_\_      Engine Type (Inboard/Outboard): \_\_\_\_\_

Registration #: \_\_\_\_\_      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 \_\_\_\_\_ N      Longitude \_\_\_\_\_ W

First U.S. 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	Birthdate	Address	City	State	Zip
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____

*Additional names/crew info listed on page 2 of this form.*

**4. Complete the following:**

My purpose for the voyage is \_\_\_\_\_

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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 export license number for this voyage is \_\_\_\_\_

**Fax a copy of your approved OFAC and DOC 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**

**Section 3 (continued) - Additional names/crew**

Name	Birthdate	Address	City	State	Zip
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____	_____
21. _____	_____	_____	_____	_____	_____
22. _____	_____	_____	_____	_____	_____
23. _____	_____	_____	_____	_____	_____
24. _____	_____	_____	_____	_____	_____
25. _____	_____	_____	_____	_____	_____
26. _____	_____	_____	_____	_____	_____
27. _____	_____	_____	_____	_____	_____
28. _____	_____	_____	_____	_____	_____

USCG Official Use: \_\_\_\_\_ Authorization is: GRANTED \_\_\_\_\_ DENIED \_\_\_\_\_  
 USCG Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Returned to Applicant on: \_\_\_\_\_ (date) Printed Name & Unit: \_\_\_\_\_

**Privacy Act Notice**

**General:** This notice is provided pursuant to Public Law 93-579, Privacy Act of 1974, 5, U.S.C. Section 552a.  
**Authority:** Collection of this information is authorized by 33 C.F.R. Part 107, implemented under the authority of 50 U.S.C. 191, 50 U.S.C. 192, 50 U.S.C. 194, 50 U.S.C. 195, 14 U.S.C. 141; Presidential Proclamations 6867 and 7757; and Secretary of Homeland Security Order 2004-001.  
**Purpose:** The information is collected as part of a permitting process that is designed to regulate the departure from U.S. territorial waters of U.S. vessels and vessels without nationality, and entry thereafter into Cuban territorial waters.  
**Routine Uses:** The information will be used by and disclosed to Coast Guard personnel who need the information to process the permit application and to conduct related to maritime law enforcement activities. The Coast Guard may share the information with other government agencies as necessary to process permit requests, conduct enforcement activities related to 33 C.F.R Part 107, and to respond to potential or actual threats to maritime safety or security.  
**Disclosure:** Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may delay or prevent granting of a requested permit.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report is 2 minutes. You may submit any comments concerning the accuracy of this estimate or any suggestions for reducing the burden to: Commandant (CG-5311), U.S. Coast Guard, 2100 2nd Street, SW, Washington DC 20593-7363. Fax (202) 372-2913 or Office of Management and Budget, Office of Information and Regulatory Affairs, Washington, D.C. 20503.