for Privacy	out this form, see reverse side Act Statement and Instructions				VESSEL OPERATION REPO (ER 335-2-2) STATEMENT OF PASSENGERS	CARRIED				OMB APPROVAL NO. 071	
reviewing in	orting burden for this collection of in the nstructions, searching existing date on of information. Send comments aggestions for reducing this burder	a sources, gathering and sregarding this burden	d maintaining the da	ta needed	, and completing and reviewing Manageme f this collection of information, completed	nt and Budget, Pap orm to either of the	perwork Reductionse addresses. S	n Project (071 Send vour com	ghway, Suite 1204, Arlington, V 0-0006). Washington D.C. 205 pleted form to: Department of I 280, New Orleans, LA 70161	503. DO NOT RETURN your	
YEAR	SELF-PROPELLED PASSENGER VESSEL NAME AND NUMBER OF V				NET REGISTER TONS COAST GUARD NUMBER						
	1										
	LO	ADED AT -			TURN AROUND POINT*	PASSENGER DATA			HARBOR MAINTE	NTENANCE FEE INFORMATION	
NO. OF TRIPS	PORT OR LOCALITY NAME	E DOCK NAME	DATE (MMDD)	ACTUAL DRAFT	RIVER/MILEPOINT/OFFSHORE	PASSENGER CODE	NUMBER OF PASSENGERS		NAME OF SHIPPER	SHIPPER'S SSN OR IRS NO. (ENTER " SSN" OR "IRS" NEXT TO NUMBER)	EX CODE
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	I HEREBY CERTIFY TH	CERTIFIC IAT THIS IS A COM		I ACCUF		MULTIPLE CHAN	INELS USED BE	TWEEN ORIG	GIN AND TURN AROUND POI	ЙТ	
OPERATIN	IG COMPANY'S NAME										
RESPONDENT'S NAME AND TITLE ADDRESS					REMARKS						
RESPONDENT'S SIGNATURE TELEPHONE											
1/ Alternate	e Channels (When more than one	route is possible, indica	te alternate channel	s used. Se	ee inside cover.)						