



U.S. Department of Transportation
Maritime Administration

This collection of information is required to obtain a waiver of the U.S.-build and other requirements of the Passenger Services Act (46 App. U.S.C. 289) and will be used by the Maritime Administration to determine if the applicant is entitled to a waiver. Public reporting burden is estimated to average one hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No assurances of confidentiality are provided. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2133-0529.

REQUEST FOR ADMINISTRATIVE WAIVER OF THE JONES ACT

Public Law 105-383, Title V

1. Name of the Vessel:

2. Owner Information:

Name: _____ Telephone No.: _____
 Address: _____ FAX No.: _____
 _____ Email: _____

3. Vessel Official Number (or Hull Identification No., or State No.):

4. Date of Vessel Construction:

5. Place of Construction:

6. Size, capacity and tonnage of the vessel (state whether tonnage is measured pursuant to 46 U.S.C. 14502, or otherwise, and if otherwise, how measured)

Size: _____ length _____ tonnage (five (5) net ton minimum)
 Capacity: _____ passengers

Measured pursuant to 46 U.S.C. 14502? Yes No Other: _____

7. Intended commercial use of the vessel (attach pages if needed):

8. Geographic region of intended operation and trade:

9. A statement on the impact this waiver will have on other commercial passenger vessel operators, including a statement describing the operations of existing operators (attach pages as needed):

10. A statement on the impact this waiver will have on U.S. shipyards (attach pages as needed):

11. By submitting this information you are deemed to have certified that the above information is true and correct:

12. Submit your \$500.00 payment via
<https://www.pay.gov/paygov/forms/formInstance.html?agencyFormId=1071542> web site

13. Email to: Smallvessels@MARAD.dot.gov
 Or Mail to:
 Small Vessel Waiver Program
 Maritime Administration
 MAR- 830, Room 7201
 400 Seventh St., SW
 Washington, DC 20590