Form Approved:	OMB No.	2133-0529

U.S. Department of Transportation Maritime Administration	This collection of information is required to obtain a waiver of the U.Sbuild and other requirements of the Passenger Services Act (46 U.S.C. 55103) 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				
46 U.S.C. 12121, 46 C.F.R. 388				
2. Owner Informat	tion:			
Name:	Name: Telephone No:			
Address:	Fax No:			
Email:				
3. Vessel Official Number (or Hull Identification No., or State No.):				
4. Date of Vessel C				
5. Place of Constru	action: Ind net tonnage of the vessel.			
o. Size, capacity an	la net tonnage of the vessel.			
Size:	lengthnet tonnage			
Capacity:	passengers			
7. Intended commercial use of the vessel (attach pages if needed):				
7. Intellited commercial use of the vesser (attach pages if needed).				
8. List all State(s) (of intended operation and trade ("All States" is not acceptable):		
o. List an State(s) of intended operation and trade (An States is not acceptable).				
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):				
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	13. Email to		
above information	is true and correct:	SmallVessels@dot.gov		
		or Mail to:		
		Small Vessel Waiver Program		
12. Submit your \$5	500.00 payment via:	Maritime Administration		
https://www.pay.go	v/paygov/forms/formInstance.html?agencyFormId=1071542	MAR-730, MS #2 W23-454		
website.		1200 New Jersey Ave., SE		
		Washington, DC 20590		

FORM MA-1023 (11-10)