

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**AUTHORIZATION FOR CREDIT CARD TRANSACTIONS**

OMB Number: 1625-0027

Expiration Date: xx/xx/xx

A. DATE
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B. FROM	C. TELEPHONE NUMBER
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D. VESSEL NAME	E. HULL IDENTIFICATION # OR OTHER UNIQUE IDENTIFIER (IF ANY)
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F. CREDIT CARD HOLDER'S NAME
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G. CREDIT CARD NUMBER (WE ACCEPT VISA, MASTERCARD, AMERICAN EXPRESS OR DISCOVER)	H. EXPIRATION DATE
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I. AMOUNT OF CHARGE	J. VESSEL USE/ENDORSEMENT (CHECK ONE) REC                      COM	K. OFFICIAL # OR HIN
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<p>L. INDICATE SERVICE REQUIRED</p> <p>Visit our website at <a href="http://www.uscg.mil/hq/cg5/nvdc/nvdcfee.asp">http://www.uscg.mil/hq/cg5/nvdc/nvdcfee.asp</a> for complete Fee Schedule</p> <p>Application Fees (Initial, Exchange, Return, and Replacement) Amount \$ _____</p> <p>Certificate of Ownership (CG-1330) Fee \$125.00</p> <p>Copy of General Index or Abstract of Title Fee \$25.00</p> <p>Certified Copy of Certificate of Documentation w/Seal Fee \$4.00</p> <p>Deletion Letter \$15.00</p> <p>Bill of Sale \$8.00/page</p> <p>Renewal</p> <p>Other _____ Amount \$ _____</p> <p><i>APPLICATION FEES ARE NOT REFUNDABLE (46 CFR 67.500 (e)).</i></p>
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M. REQUESTOR NAME & ADDRESS          ATTN:	N. TELEPHONE NUMBER
	O. FAX NUMBER
	P. E-MAIL ADDRESS

**FOR COAST GUARD USE ONLY**

Q. NAME OF PERSON TAKING REQUEST	R. DATE PROCESSED
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**PRIVACY ACT STATEMENT**

IN ACCORDANCE WITH 5 U.S.C. 552(a), THE FOLLOWING INFORMATION IS PROVIDED TO YOU WHEN SUPPLYING PERSONAL INFORMATION TO THE U.S. COAST GUARD.

1. **AUTHORITY:** SOLICITATION OF THIS INFORMATION IS AUTHORIZED BY 46 U.S.C., CHAPTERS 121 AND 125; 46 U.S.C. APP. 802 AND 883.
2. **THE PRINCIPAL PURPOSE** FOR WHICH THIS INFORMATION IS TO BE USED IS TO COLLECT USER FEES DIRECTLY ASSOCIATED WITH THE NATIONAL VESSEL DOCUMENTATION CENTER FOR WHICH APPLICATION FOR DOCUMENTATION IS MADE.
3. **DISCLOSURE** OF THE INFORMATION REQUESTED ON THIS FORM IS VOLUNTARY; HOWEVER, FAILURE TO PROVIDE THE INFORMATION REQUESTED WILL RESULT IN DENIAL OF THE APPLICATION FOR DOCUMENTATION, WHICH MAY PREVENT THE OWNER FROM OPERATING THE VESSEL(S) IN A SPECIFIED TRADE. 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 FORM IS 5 MINUTES. YOU MAY SUBMIT ANY COMMENTS CONCERNING THE ACCURACY OF THIS BURDEN ESTIMATE OR MAKE SUGGESTIONS FOR REDUCING THE BURDEN TO: U.S. COAST GUARD, NATIONAL VESSEL DOCUMENTATION CENTER, 792 T J JACKSON DRIVE, FALLING WATERS, WEST VIRGINIA 25419, OR OFFICE OF MANAGEMENT AND BUDGET, PAPERWORK REDUCTION PROJECT (1625-0027), WASHINGTON, DC 20503.