U.S. COAST GUARD FINANCE CENTER

CREDIT CARD AUTHORIZATION FORM
VESSEL INPSPECTION/EXAMINATION
USER FEES

NAME (Please print) _____

Address _____

_____

Vessel Name: _____

Vessel Identification Number (VIN / IMO) :_____

Bill Number: _____

Payment Amount: _____

/__/ **Annual Vessel Inspection Fee (COI & COC)**

/__/ **Overseas Vessel Inspection Fee ($4,585)**
CG Unit Conducting Inspection (OPFAC) _____

/__/ **Overseas Vessel Inspection Travel Reimbursement**

Please charge my:_____ **VISA** _____ **MASTERCARD**_____**AMEX**_____**4-DIGIT CODE**

Card Number: _____

Card Expiration Date: _____

PRINT NAME _____ **Signature:** _____

Telephone Number including Area Code: _____

FOR ANNUAL VESSEL INSPECTION FEES:

Regular mail:

Coast Guard Vessel Inspection
P.O. Box 531030
Atlanta, GA 30353-1030

Express mail:

Bank of America
Lockbox Number 531030 (COI)
1075 Loop Road
Atlanta, GA 30337-6002

FAX THIS FORM TO: (757) 523-6734. IF REQUESTING FAX CONFIRMATION CIRCLE: YES

FOR OFFICE USE ONLY: CLERK_____ **Date:** _____

Approval Code _____ **Confirmation Number:** _____