

## Agency Information Form

Today's Date:

Agency Name:

Street Address:

Mailing Address:

Business phone number(s):

### Authorized Embassy Liaison(s) (maximum of two persons)

Name:

Title:

Email:

Phone:

Name:

Title:

Email:

Phone:

Number of seafarers affiliated with the agency: \_\_\_\_\_

Number of seafarers that have a U.S. visa: \_\_\_\_\_

Number of seafarers that applied for a visa in the prior 12 months: \_\_\_\_\_

Number of seafarers that applied for a visa and were refused in the prior 12 months: \_\_\_\_\_

**NOTE:** Please attach a copy of valid Business Permit and List of Vessels with IMO numbers that sails to U.S. water for the last 12 months.