

MASTER'S OATH ON ENTRY FROM A FOREIGN PORT

This vessel MUST report to Customs & Border Protection (CBP) at Shelter Island, San Diego, California. In the event the vessel must **beached** **overland, IT WILL BE THE MASTER'S RESPONSIBILITY** to have his form verified by a CBP Officer at the border and mail or deliver the form to:

U.S. CUSTOMS & BORDER PROTECTION, 1240 NORTH HARBOR DRIVE, SAN DIEGO CA 9210

FAILURE TO REPORT TO CUSTOMS & BORDER PROTECTION WILL RESULT IN A PENALTY OF \$5,000.00 (19USC1433)

**TELEPHONE REPORTING IS NOT ACCEPTABLE
DO NOT LEAVE THE FORM WITH A CBP OFFICER AT ANY LOCATION OTHER THAN SHELTER ISLAND**

OFFICIAL # _____ OR STATE REGISTRATION # _____ SAIL # _____

CUSTOMS USER FEE DECAL NUMBER: _____ LENGTH OF VESSEL: _____
(vessels under 30' are exempt)

THE VESSEL : (CIRCLE ONE) 1. FINISHED THE RACE 2. DID NOT FINISH, RETURNED FROM FOREIGN WATER, PORT OR PLACE
3. DID NOT FINISH, RETURNED FROM HIGH SEAS 4. DID NOT START RACE

Vessel Name: _____ Flag: _____ I, _____
MASTER OR OWNER (CIRCLE ONE OR BOTH) CITIZENSHIP

DOB: ____/____/____ SOCIAL SECURITY/PASSPORT # _____ ADDRESS _____ CITY / STATE / ZIP CODE _____

VESSEL OWNER INFORMATION IF DIFFERENT FROM ABOVE:

NAME: _____ DOB: ____/____/____ CITIZENSHIP _____ SOCIAL SECURITY/PASSPORT # _____

ADDRESS _____ CITY / STATE / ZIP CODE _____ AREA CODE _____ PHONE NUMBER _____

swear that I am now, and was during this voyage, the master of this vessel which arrived from Mexico on _____, 2007.

This vessel participated in: _____ Sponsored by: _____

The crew, numbering _____ person(s) upon return consisted of (additional space on back of form)

	NAME	DOB	CITIZENSHIP	PASSPORT #	ADDRESS, CITY, STATE, ZIP CODE
1.		/ /			
2.		/ /			
3.		/ /			
4.		/ /			
5.		/ /			

Individual purchases/acquisition **over \$800**: Yes ___ No ___ Individuals returning with **over \$10,000 cash**: Yes ___ No ___

Agricultural products aboard vessel: Yes ___ No ___

Signature of Master: _____ Date: _____, 2007

*****FOR OFFICIAL USE ONLY*****

This vessel reported to Customs & Border Protection at:

SAN DIEGO PORT OF ENTRY 2501 Date: _____, 2006 Time: _____ HRS

CBP OFFICER: _____ NUMBER: _____

NAME	DOB	CITIZENSHIP	ADDRESS, CITY, STATE, ZIP CODE
6.	/ /		
7.	/ /		
8.	/ /		
9.	/ /		
10.	/ /		
11.	/ /		
12.	/ /		