DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

OMB Approval No: 1651-0052
Expiration Date: 07/31/2019

ANNUAL USER FEE DECAL REQUEST - VESSEL

U.S. Customs and Border Protection
Attn: DTOPS Program Administrator
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

Agency Use Only		
Port Code:	Cash Receipt No:	Date Received:
Date Issued:	Issued By:	Mail Date:

Si usted no habla o escribe ingles y necesita ayuda en español para llenar este documento, llame a la oficina de las Aduanas de Estados Unidos de (317) 298-1245. Este servicio es gratuito.

SECTION 1. CONTACT INFORMATION

Account No.: _____ Calendar Year Applying For: _____

If a decal has been purchased in the past, but the account number is unknown, please call (317-298-1245).

Ship To Address:

Company Name _____

Address _____

City _____ State: _____

Country Code _____ Zip Code _____

Please complete the address section below if your *Ship To Address* is not your physical address; or if the S*hip To Address* is a P.O. Box.

Company Name _____

Address _____

(street address only) _____

City _____ State: _____

Country Code _____ Zip Code _____

Required Information: Primary Contact

Contact Name (Please Print):

Applicant Phone Number:

Applicant FAX Number:

Email Address:

Optional Information: Secondary Contact

Contact Name (Please Print):

Applicant Phone Number:

Applicant FAX Number:

Email Address:

Shipping Methods: All countries will be shipped via 1st Class U.S. Mail free of charge. Allow 4-8 weeks for delivery.

DO NOT SEND CASH: (Credit card and ACH applicants may apply online. See instructions page under SUBMITTING APPLICATION.)
Vessel Decal (Class Code 904) = $29.47 Make check or money order, drawn through U.S. Bank in U.S. dollars ($), payable to U.S. Customs and Border Protection. If paying by check, DO NOT email form, please mail the application to the address listed in the instructions.

METHOD OF PAYMENT: ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Account # :

Expiration Date: _____ \ _____ (Month / Year)

Security Code: _____

Amount for Decal(s) ($29.47 x _____ # of decals): $ _____

Total Amount Authorized: = $ _____

SIGNATURE: DATE:

Signature authorizes decal payment

Submission of application certifies that all information provided is accurate. The applicant is responsible for ensuring that duplicate decals are not requested**. All transactions are final. No refunds or credits will be approved.**

Name on "Ship To" Line:

Last Name First Name MI

Total Number of Decal(s) requested (includes all pages): _____

SECTION 3: VESSEL INFORMATION

Agency Use Only

Decal Number:

REQUIRED INFORMATION

A. Model Year

Manufacturer

Vessel Name

Identification Information (Ordered by Preference - A minimum of one is required)
Please make sure to distinguish between the number one and letter L, zero and the letter O, etc.

U.S. Coast Guard ID

Local Registration Number

Hull ID Number (HIN)

Agency Use Only

Decal Number:

REQUIRED INFORMATION

B. Model Year

Manufacturer

Vessel Name

Identification Information (Ordered by Preference - A minimum of one is required)
Please make sure to distinguish between the number one and letter L, zero and the letter O, etc.

U.S. Coast Guard ID

Local Registration Number

Hull ID Number (HIN)

YOU CAN BUY DECALS ON-LINE AT https://dtops.cbp.dhs.gov

FOR DECAL QUESTIONS: Call (317) 298-1245 or

SEND E-MAIL TO decals@dhs.gov

Submission of application certifies that all information provided is accurate.
The applicant is responsible for ensuring that duplicate decals are not requested.

ALL TRANSACTIONS ARE FINAL

No refunds or credits will be approved

INSTRUCTIONS

Si usted no habla o escribe ingles y necesita ayuda en español para llenar este documento, llame a la oficina de las Aduanas de Estados Unidos de (317) 298-1245. Este servicio es gratuito.

INQUIRIES

Decal related questions should be directed to (317) 298-1245, Monday through Friday 8:00a.m. to 4:00 p.m. EST or send your questions via email decals@dhs.gov.

SECTION 1: Contact Information

ACCOUNT NUMBER - Your account number is located on the renewal form that was sent to you. If you have purchased in the past but do not know your account number, please call (317) 298-1245. If you do not have that form, or have not purchased a decal before, we will process your application and assign a new account number.

SHIP TO ADDRESS - This is the address you would like to have your order shipped. Using an address in the United States allows for a quicker, more secure shipping method for your decal order. For example, if your business and residence are both located outside the United States, you may still have your decal order shipped to an address within the United States.

PRIMARY CONTACT **(Required)** - Provide a contact name and email address for the decal purchase request. It is important to include a telephone and fax number so that you can be reached if there is a problem with your application. If there is a problem, and we cannot reach you by phone, we will return the application and payment to the address on the form.

SECONDARY CONTACT **(Optional)** - Provide a contact name and email address for the decal purchase request. It is important to include a telephone and fax number so that you can be reached if there is a problem with your application. If there is a problem, and we cannot reach you by phone, we will return the application and payment to the address on the form.

SECTION 2: Shipment/Payment Option

If paying by check or money order, funds are required to be drawn through a U.S. bank in U.S. dollars. For checks, processing time takes an extra 15 days. **We cannot accept a check or money order in U.S. currency, which is drawn through a non-U.S. bank.** If the amount is not exact, either too low or too high, the application and payment will be returned.

SUBMITTING APPLICATION

Please mail your completed CBP Form 339V with your payment to:

U.S. Customs and Border Protection
Attn: DTOPS Program Administrator
6650 Telecom Drive, Suite 100
Indianapolis, IN 46278

NO REFUNDS will be granted for orders submitted more than once. If applying by fax, verify that your application was NOT received before re-sending.

If paying by credit card or ACH, you may register and purchase decals online by accessing https://dtops.cbp.dhs.gov.

REQUIRED INFORMATION

The company or owner name, ship to address, phone number, contact name, manufacturer, model year and vessel name, and one vessel identification number are required information. A decal will not be issued when any of the required information is missing. Please check your application before mailing to ensure that the amount of the payment matches the number and types of decal(s) that you have requested. Incomplete applications and applications that do not balance with the payment will be returned via first class mail.

Page 2 - Please write the name that appears on the "Ship To" line of section 1 to prevent pages from getting lost or misplaced.

NUMBER OF DECALS - Enter the total number of decals to be purchased, which will be used for order verification purposes.

SECTION 3: Vessel Information

The following vessel information is required. If more than two decals are being purchased, this page may be photocopied or the information typed on a separate piece of paper.

Model Year - Year in which the vessel was made
Manufacturer - Name of manufacturer
Vessel Name
Identification Information - ordered preference - a minimum of one is required. Please make sure to distinguish between one and the letter L, zero and the letter O, etc.

- U.S. Coast Guard ID: *Also known as the documentation number that is provided by the Coast Guard.*
- Local Registration: Usually a number on the license issued by a state.
- HIN: The hull identification number or serial number.

Exchanges

Because a decal is assigned to a specific conveyance, it cannot be transferred. CBP will exchange an **UNUSED** decal for a different conveyance if a written request is postmarked no later than 30 calendar days from which it was issued*. The following documentation must be submitted for decal exchanges:

- UNUSED decal
- Itemized receipt that was returned to you with the decal.
- New application (CBP 339V form) for the vessel that will be assigned the replacement decal.
- Signed statement with a brief explanation of the circumstances that require the exchange, with a contact name and telephone number.

*The exception to the 30-day rule: If you purchased a decal prior to January 1st, it may be exchanged through January 31st of the renewal year.

NOTE: If the decal has already been placed on the vessel, an exchange is not possible. A new decal must be purchased.

Refunds

Once a decal has been issued, THE TRANSACTION IS FINAL AND NO REFUNDS WILL BE ISSUED. This includes applications submitted more than once resulting in duplicate decals being issued for the same vessel. The applicant is responsible for ensuring that vessels are only listed once and/or that only one application for the listed vessel is submitted.

Replacements

When an vessel decal has been damaged due to repair or repainting, the following documents must be submitted to obtain a new decal:

- A copy of the itemized receipt that was returned to you with the decal.
- A copy of the paid repair or repainting bill that is signed by the company that did the work, with the company's name and address on the signed invoice or letterhead.
- The vessel name.
- A signed statement with a brief explanation of the circumstances that required the repair or repainting, with a contact name and telephone number.

Placement of Decal

Place decal on outside of the conveyance within 18 inches of the normal boarding area where it is visible when the doors/hatches are open. Decal MUST be adhered to conveyance by adhesive on decal. **APPLY CAREFULLY TO AVOID DAMAGING THE DECAL.** Fan the top right corner of the decal with your thumb to remove the adhesive backing. **IMPORTANT: Lost or stolen decals cannot be replaced. A new decal must be purchased. Please report a lost or stolen decal to the user fee help desk at (317) 298-1245.**

Paperwork Reduction Act Statement: In accordance with 5 CFR 1320, an agency may not conduct or sponsor an information collection and a person is not required to respond to this information unless it displays a current valid OMB control number and an expiration date. The control number for this collection is 1651-0052. The estimated average time to complete this application is 16 minutes. If you have any comments regarding the burden estimate you can write to U.S. Customs and Border Protection, Office of Regulations and Rulings, 799 9th Street, NW., Washington DC 20229.

Fax Completed Forms to (317) 290-3219