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

OMB CONTROL NO: 1651-0127
EXPIRATION DATE 04/30/2025

GUARANTEE OF PAYMENT

Port of Entry
File No.

Pursuant to the provisions of section 253 of the Immigration and Nationality Act,

I, _____ _____ _____
Last MI First

as _____
(Owner, agent, consignee, commanding officer, or master)

of the vessel or aircraft _____
(Name of vessel or aircraft)

employing the alien crewman _____

who upon the arrival at the port of _____
(Name of port)

on _____ was found to be afflicted with, or suspected of being afflicted with
(Date of arrival)

_____
(Name of affliction)

_____,

hereby guarantee to pay any and all expenses incurred or to be incurred for the hospitalization, care, and treatment, and for burial in the event of death, of the said alien crewman.

Dated at _____ this _____ day of _____
(month/year)

_____
(Signature of Guarantor)

Approved this _____day of _____
(month/year)

_____
(Signature of Officer)

_____
(Title of Officer)

Paperwork Reduction Act Statement: 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 1651-0127. The estimated average time to complete this application is 5 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, 90K Street, NE., Washington DC 20229.