

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

OMB CONTROL NUMBER. 1651-0106 EXPIRATION DATE: 04/30/2027

APPLICATION TO PAY OFF OR DISCHARGE ALIEN CREWMAN

To be filed in triplicate (see instructions).

I.	CARRIER: ARRI			VAL MANIFEST FILED AT (PORT):			DATE OF ARRIVAL:		
l h	ereby request auth	norization to p	oay off/discharge th	ne alien crewme	n listed below.				
II.		NAME IN F							
	FAMILY NAME		GIVEN NAME AN MIDDLE INITIA		NATIONALITY AND PASSPORT NUMBER		ACTION BY CBP		
NC	TE: IF ADDITIONAL	SPACE IS REQ	UIRED, ATTACH LIS	T IN TRIPLICATE.					
III.	REASON FOR REQ	UEST:							
IV.	_				N LISTED ABOVE (IN	CLUDE I	DATE AND PORT OF		
	DEPARTURE, AIR (CARRIER, AND	FLIGHT NUMBER OF	R VESSEL):					
	MAILING	ADDRESS OF	CARRIER	SIGNATURE	<u> </u>				
STREET ADDRESS:									
C	CITY:	STATE:	ZIP CODE:	TITLE:					
			EOD GOVED	NMENT USE	ONL V				
				COPY:	ONLI		DATE:		
	APPLICATION:	GRANTED	DENIED						
C	OFFICE:		DATE:	MAILED	DELIVERE	.D			
SIGNATURE:			SIGNATURE:						
TITLE:			TITLE:						

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I. CA	RRIER:		ARI	RIVAL MANIFEST FILE	ED AT (PORT):	DATE OF ARRIVAL:			
	y request auth	-	•	the alien crewmen	listed below.				
II. NAME IN FULL									
	FAMILY NA	AME	GIVEN NAME A MIDDLE INITI	" "	ALITY AND RT NUMBER	ACTION BY CBP			
NOTE:	F ADDITIONAL S	SPACE IS REQ	UIRED, ATTACH L	ST IN TRIPLICATE.					
III. RE	ASON FOR REQI	UEST:							
			RE FROM THE U.S. FLIGHT NUMBER (ISTED ABOVE (INC	CLUDE DATE AND PORT OF			
	MAILING	ADDRESS OF	CARRIER	SIGNATURE:	SIGNATURE:				
STRE	ET ADDRESS:								
CITY: STATE: ZIP CODI		ZIP CODE:	TITLE:	TITLE:					
			FOR GOVE	RNMENT USE O	NLY				
APPLICATION: GRANTED DENIED		DENIED	COPY:		DATE:				
OFFICE: DATE		DATE:	MAILED	DELIVERED	0				
SIGNATURE:		1	SIGNATURE:						

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TITLE:

TITLE:

To be	e filed in triplicate <i>(</i> se	e instructions).						
I. C	CARRIER: ARRIV			VAL MANIFEST FILED AT (PORT):			DATE OF ARRIVAL:	
I here	eby request authoriza	tion to pay off/disc	harge the a	lien crewmen lis	sted below.	'		
II.	• •	AME IN FULL						
			NAME AND LE INITIAL			ACTION BY CBP		
NOTE	: IF ADDITIONAL SPAC	E IS REQUIRED, ATT	ACH LIST IN	TRIPLICATE.				
III. R	EASON FOR REQUEST	:						
	RRANGEMENTS FOR D EPARTURE, AIR CARRI				STED ABOVE (INCI	LUDE DA	ATE AND PORT OF	
STRI	MAILING ADDI EET ADDRESS:	RESS OF CARRIER		SIGNATURE:				
CITY	STAT	E: ZIP	CODE:	TITLE:				
	,							
Г		FOR C		IENT USE ON	LY		DATE	
APPLICATION: GRANTED DENIED				COPY: DATE:			DATE:	
OFFICE: DATE:				☐ MAILED ☐ DELIVERED				
SIGNATURE:			S	SIGNATURE:				
TITLE:				TITLE:				

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NOTICE

Section 256 of the Immigration and Nationality Act (8 U.S.C. 1286)

NOTE: The authorities and responsibilities of the Attorney General now belong to the Secretary of Homeland Security

It shall be unlawful for any person, including the owner, agent consignee, charterer, master or commanding officer vessel or aircraft, to pay off or discharge an alien crewman, except an alien lawfully admitted for permanent residence, employed on board a vessel or aircraft arriving in the United States without first having obtained the consent of the Attorney General. If it shall appear to the satisfaction of the Attorney General that any alien crewman has been paid off or discharged in the United States in violation of the provisions of this section, such owner, agent, consignee, charterer, master, commanding officer or other person, shall pay to the Commissioner the sum of \$3,000 for each such violation. No vessel or aircraft shall be granted clearance pending the determination of the question of the liability to the payment of such sums or while such sums remain unpaid, except that clearance may be granted prior to the determination of such question of the liability to the payment of such sums remain unpaid, except that clearance may be granted prior to the determination of such question upon the deposit of an amount sufficient to cover such sums, or of a bond approved by the commissioner with sufficient surety to secure the payment thereof. Such fine may, in the discretion of the Attorney General be mitigated to not less than \$1,500 for each violation, upon such terms as he shall think proper.

INSTRUCTIONS

- **1. FILING:** The application must be completed in triplicate and delivered or mailed to the nearest office of U.S. Customs and Border Protection (CBP).
- 2. **EXECUTION:** The signature and title of either the owner, agent, consignee, charterer, master or commanding officer of the vessel or aircraft seeking authorization to pay off or discharge crewmen must be included on the application.
- **3. GENERAL:** Inadequate or incomplete data required in items III, Reason for request, and IV, Arrangements for departure, may result in denial of the application.
- **4. <u>DISPOSITION:</u>** The original and one copy of the granted application will be returned to the applicant. The copy must be submitted with the departure manifest. One copy of the application will be retained by CBP with the arrival manifest.

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 1651-0106. The estimated average time to complete this application is 25 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 90 K Street, NE., Washington, D.C., 20002.

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