

*(To be filed in triplicate. See Instructions on reverse)*

I. Carrier:	Arrival Manifest Filed at (Port):	Date of Arrival:
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I hereby request authorization to **PAY OFF/DISCHARGE** the alien crewmen listed below.

Name In Full		Nationality & Passport Number	Action by INS
Family Name	Given Name & Middle Initial		

(If additional space is required, attachlist in triplicate)

III.	Reason for request:
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IV.	Arrangements for departure from the U.S. of the listed crewmen are (date and port of departure, air carrier and flight number of vessel.)
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Mailing address of Carrier:	<div style="text-align:center; margin-top: 20px;"> <hr style="width:80%; border: 0.5px solid black;"/>                 Signature             </div> <div style="text-align:center; margin-top: 20px;"> <hr style="width:80%; border: 0.5px solid black;"/>                 Title             </div>
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**FOR GOVERNMENT USE ONLY**

Application: <input type="checkbox"/> Granted <input type="checkbox"/> Denied	Copy: <input type="checkbox"/> Mailed <input type="checkbox"/> Delivered	Date:
Office:	Date:	Signature:
Signature and Title:		Title: