

**DESCRIPTION OF VESSELS**

For use of this form, see ER 1130-2-520, Chapter 5; the proponent agency is CECW-OD.

OMB APPROVAL NO. 0710-0009  
Expires: April 30, 2008

**The information provided on this form is required by law (River and Harbor Act, September 22, 1922, 42 Stat; 1043). Failure to report can result in a fine of \$5000.00 or imprisonment not exceeding two months.**

The public reporting burden for this collection of information is estimated to average 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0710-0009), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and also to Office of Information and Regulatory Affairs Office of Management and Budget, Washington, DC 20503; Attention: Desk Officer for US Army Corps of Engineers. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR APPLICATION TO THE ABOVE ADDRESSES. RETURN COMPLETED APPLICATION TO THE ADDRESS SHOWN ON THE APPLICATION INSTRUCTION SHEET.

1. TS SERIES TSO	2. DISTRICT	3. VESSEL COMPANY AND TELEPHONE	4. BUSINESS ADDRESS	<b>RETURN TO: WATERBORNE COMMERCE STATISTICS CENTER POST OFFICE BOX 61280 NEW ORLEANS, LA 70161-1280</b>
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5a.	b.	c.	d.	e.	f.	g.	h.	i.	j.	k.	l.	m.	n.	o.	p.
VESSEL NAME CG NUMBER*	VESSEL NUMBER VTCC CODE	NRT	REG LENGTH	OVER LENGTH	REG BRDTH	OVER BRDTH	LOAD DRAFT	LIGHT DRAFT	HORSE POWER	CAP TONS	CAP PAS	HI FIX POINT	CARGO HANDLING EQUIPMENT	OPERATING BASE	YEAR BUILT / REBUILT

\*IF THE VESSEL DOES NOT HAVE THE U.S. COAST GUARD NUMBER. PLEASE PROVIDE THE STATE REGISTRATION NUMBER.

6a. SUBMITTED BY <i>(Name Last, First MI and Title)</i>	b. DATE (YYYYMMDD)	c. SIGNATURE
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