Permission given to land this

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No	Port of	IEKK	IIUR	T OF I	<u>ne</u>	Tortola	H VIK	SIN ISL	AN	שט	NO	:		
Name o	Annex	inex				Nationality			Jamaica					
Гonage	Number of	crew	3		_Na	ime of	Master	•						
Name o	f Importer Charter Yac	ht Solutio	ons, L	td.										
Quantity			Insurance charges		Freight Charges		FOE	3 5	11810	Cif Value		other	Alcohol	
	Type of Boat: sailing cata	amaran												
	Registration: Jamaica				<u> </u>									
2	Hull#: RACA7007H314	1												
	Type of Engine: Yanmar 851	IP x 2												
	Colour: Grey Bottom/White T													
	Year of Construction: 201	3												
	Length: 58 fet													
	Place of Anchorage: Redh	ook St. 7	hom	as, US	VΙ									
	The above mentioned vess	el(s) has	/have	been	gran	ited a C	Comme	rical R	eci	eation	al L	icence	in	
	accordance with the Comm	nerical Re	ecrea	tional A	\ct #	#8 of 19	92.							
	Effective:	01	-NOV	V-19		Vessel Licence Fee:			:		\$	800		
	Expires:	31-	фСТ	-20		Form:				\$	-0-			
						Total:					\$	800		
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· •	The above particulars are tru	e and cor	rect		<b>!</b>	11		<u> </u>						
													Impor	ter
	Declare before me by							-				the imp	orter,	and

Day of

20

Customs of Customs

## **B.V.I. CUSTOMS DEPARTMENT**

175 WATERFRONT DRIVE ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS TEL: 494-3475 FAX 494-6906

## APPLICATION FOR LICENSING AND RECORDING

1. NAME OF BOAT:	<b>X</b>
1. NAIVIE OF BOAT.	
2. NAME AND ADDRESS OF OPERATOR:Charter	Yacht Solutions Ltd
PO Box 2283, Road Town, Tortola VG 1110 and 6	5100 Red Hook Otrs Unit A2.5, St. Thomas, VI 00802
3. NAME AND ADDRESS OF OWNER:	2.0 MarineLLC,
C.C.N. Inc., 3411 Silverside Road Ro	dney Bldg 104, Wilmington, DE 19810
4. HULL I.D. NUMBER: 5. M	The Annex .
6. HULL COLOR:7. RK	G: Text
8. ENGINE: 9. LENGTH:	
11. PORT OF RESISTRY /DOCUMENTATION NO:	Port Maria, Jamaica
12. WHERE BOAT NORMALLY BASED:	Redhook
13. NET TONNAGES: 14. 0	GROSS TONNAGE:46T
15. STATE MAXIMUM FEE PAYING PASSENGER:	10 Captain, Chef, Stew - 3 total
16. STATE NORMAL CREW (INCLD MASTER)	
17. IF PREVIOUSLY DUTY PAID STATE T-12 NUMBER A	AND DATE:
I HEREBY DECLARE THAT THE ABOVE PARTICULARS A	RE TRUE AND CORRECT.
SIGNATURE OW	NER/OPERATOR
OFFICIAL USE	
OFFICIAL #	DUTY/I.O
RECEIPT#	LIC. EXP. DATE
OFFICER:	RANK: