

LAST NAME \_\_\_\_\_, FIRST NAME \_\_\_\_\_ STATEROOM \_\_\_\_\_

**ROYAL CARIBBEAN INTERNATIONAL  
GUEST CERTIFICATION FOR AUTHORIZED TRAVEL TO CUBA**

I acknowledge and understand that U.S. law currently prohibits persons who are subject to U.S. jurisdiction from traveling to Cuba unless authorized under a general license, or a specific license, as set forth in the Cuban Assets Control Regulations (“CACR”), 31 C.F.R. Part 515, administered by the Office of Foreign Assets Control of the U.S. Department of Treasury (“OFAC”). All Royal Caribbean International (“Royal Caribbean”) guests (including minors), regardless of their citizenship or visa status, must comply with CACR when traveling from the U.S. to Cuba with Royal Caribbean.

By selecting one (1) of the four (4) categories, and signing my name at the bottom of this certification, I declare and certify that my travels fall under the category I select below, that I am authorized by OFAC to travel to Cuba, and that I will comply with any and all applicable regulatory requirements and restrictions related to my travel to Cuba. If applicable, I authorize Royal Caribbean to provide a copy of this completed certification and related documentation to my travel agency and/or the person designated by my travel agency to maintain these records on its behalf.



Please complete Part A, Part B, and Part C below, and refer to the instruction sheet attached for more information regarding the license categories.

**PART A. AUTHORIZED CUBA TRAVEL CATEGORIES.** All Royal Caribbean guests must review and check one box below:

- 1. FULL DAY ROYAL CARIBBEAN PROGRAM:** While in Cuba, I plan to exclusively participate in a full day program of people-to-people educational activities offered by Royal Caribbean (31 C.F.R. § 515.565(b)).
- 2. SELF-GUIDED PEOPLE-TO-PEOPLE PROGRAM:** While in Cuba, I plan to be on a “self-guided” people-to-people activities program, which may include a half-day program of people-to-people educational activities offered by Royal Caribbean (31 C.F.R. § 515.565(b)).
- 3. OTHER GENERAL LICENSE CATEGORIES:** While in Cuba, I plan to engage in activities meeting the requirements of at least one (1) of the general authorized license categories set forth by OFAC. Please check the applicable category(ies).
  - Family visits (31 C.F.R. § 515.561);
  - Official business of the U.S. government, foreign governments, and certain intergovernmental organizations (31 C.F.R. § 515.562);
  - Journalistic activity (31 C.F.R. § 515.563);
  - Professional research and professional meetings (31 C.F.R. § 515.564);
  - Educational activities (31 C.F.R. § 515.565);
  - Religious activities (31 C.F.R. § 515.566);
  - Public performances, clinics, workshops, athletic and other competitions, and exhibitions (31 C.F.R. § 515.567);
  - Support for the Cuban people (31 C.F.R. § 515.574);
  - Humanitarian projects (31 C.F.R. § 515.575);
  - Activities of private foundations or research or educational institutes (31 C.F.R. § 515.576);
  - Exportation, importation, or transmission of information or informational materials (31 C.F.R. § 515.545); or
  - Certain export transactions that may be considered for authorization under existing Department of Commerce regulations and guidelines with respect to Cuba or engaged in by U.S.-owned or -controlled foreign firms (see 31 C.F.R. § 515.533 and § 515.559).
- 4. SPECIFIC LICENSE:** I am authorized to travel to Cuba under a specific license issued by OFAC. Please include the license number and a copy of the license.

My specific license number is \_\_\_\_\_.

**PART B. GUEST INFORMATION**

Name (please print): \_\_\_\_\_

Passport Number: \_\_\_\_\_

Passport Origin Country: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name & Address of Travel Agency, if applicable:  
\_\_\_\_\_

**PART C. GUEST SIGNATURE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or legal guardian of minor:  
\_\_\_\_\_

Name of Parent or legal guardian of minor (please print):  
\_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETAIN A COPY OF THIS CERTIFICATION FOR AT LEAST FIVE (5) YEARS FROM THE DATE  
OF AUTHORIZED TRAVEL TO CUBA.**

LAST NAME \_\_\_\_\_, FIRST NAME \_\_\_\_\_ STATEROOM \_\_\_\_\_

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Permanent Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name & Address of Travel Agency, if applicable:  
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**PART C. GUEST SIGNATURE**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent or legal guardian of minor:  
\_\_\_\_\_

Name of Parent or legal guardian of minor (please print):  
\_\_\_\_\_

Date: \_\_\_\_\_

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