

**REQUEST FOR A SPECIFIC LICENSE TO VISIT AN IMMEDIATE FAMILY MEMBER
in Cuba who is a National of Cuba once in a three year period – 31 C.F.R. § 515.561(a)**

Complete each line with the requested information. Do NOT leave blank or write "N/A."

APPLICANT INFORMATION

1. Last Name (Patronymic) _____ Last Name (Matronymic) _____
2. First Name _____ Middle Name _____
3. Last Name by Marriage _____ Date of Birth _____ (MM/DD/YYYY)
4. Street Address _____ Apt # _____
5. City _____ State _____ Zip Code _____ Phone # _____
6. U.S. Passport # _____ or _____ I Have no U.S. Passport.
7. U.S. Alien Registration # _____ or _____ I Have no U.S. Alien Registration #.
8. Non-US Passport # _____ Country of Issuance _____
9. Last Family Visit under the _____ (MM/DD/YYYY) or _____ Never used General License for former General License family visit
10. Last Family visit under _____ (MM/DD/YYYY) or _____ Never used Specific License for family visit Specific License visit
11. Date of Emigration from Cuba _____ (MM/DD/YYYY) or _____ Never emigrated from Cuba

THE PERSON YOU WISH TO VISIT IN CUBA

12. Last Name (Patronymic) _____ Last Name (Matronymic) _____
13. First Name _____ Middle Name _____
14. Relationship to Applicant _____ Cuban Identification (Cedula) # _____
15. Address _____ City _____

SERVICE PROVIDER INFORMATION

16. Check here ONLY if the Traveler has not used a Service Provider _____ Or complete the following:
 Name of Service Provider _____
 Name of Service Provider Employee _____
 Street Address _____ Suite # _____
 City _____ State _____ Zip Code _____ Phone # _____

WARNING: Transactions relating to travel, trade, and financial dealings with Cuba are restricted under the Cuban Assets Control Regulations, 31 C.F.R. Part 515, the Reporting and Procedures Regulations, 31 C.F.R. Part 501, and the Trading With the Enemy Act, 50 USC App. Section 5(b). 18 USC 1001 provides for up to 5 years imprisonment and a US\$10,000 fine for any person who knowingly and willfully makes any materially false, fictitious, or fraudulent statement or representation on this form or in any other information submitted to OFAC. You are reminded that it is illegal to make use of charge cards during your stay in Cuba. Please be advised that each authorized traveler may carry no more than \$300 of quarterly remittances to Cuba and may not return with any merchandise acquired in Cuba other than exempt informational materials.

SIGN BELOW: I have read the above statements, **completed all numbered lines**, and all the information provided above is true and accurate:

_____ SIGNATURE

_____ DATE (MM/DD/YYYY)

This application should be mailed to the following address:

Office of Foreign Assets Control
 U.S. Department of the Treasury
 P.O. Box 229008
 Miami FL 33122-9008