

Record Locator #: _____ Last name: _____ First name: _____

CubaToDo.com CERTIFICATION for a General License for Cuba Travel

I understand Cuba travel-related transactions are prohibited under current United States Law, except for the following categories. I hereby **certify** by signing my name at the bottom of this Certification, that I am **authorized** to travel to Cuba under Part 515 of 31 CFR, specifically by the **Section number** in parentheses for the **category** checked below:

- Category 1: **Family** visits (Section § 515.561)
- Category 2: Official business of the U.S. **government**, foreign governments, and certain intergovernmental organizations (Section § 515.562)
- Category 3: **Journalistic** activity (Section § 515.563)
- Category 4: **Professional research** and professional meetings (Section § 515.564)
- Category 5: **Educational** activities (Section § 515.565)
- Category 6: **Religious** activities (Section § 515.566)
- Category 7: Public **performances**, clinics, workshops, athletic and other competitions, and exhibitions (Section § 515.567)
- Category 8: **Support** for the Cuban people (Section § 515.574)
- Category 9: **Humanitarian** projects (Section § 515.575)
- Category 10: **Activities** of private foundations or research or educational institutes (Section § 515.576)
- Category 11: Exportation, importation, or transmission of information or **informational materials** (Section § 515.545)
- Category 12: 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 (Sections §§ 515.533 and 515.559)

We may ask for an updated Certification with each new reservation, but if we do not, by signing below you agree TO INFORM US PRIOR TO MAKING ANY NEW RESERVATIONS if ANY information in this Certification has changed.

Signature must be that of the individual "signing" this document electronically, or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery.

Date (MM/DD/20YY)

FULL ADDRESS:

Street

Apt/Suite #

City

State

ZIP

Country

EMAIL ADDRESS: _____