

DEPARTMENT OF HOMELAND SECURITY  
U.S. Customs and Border Protection

OMB No. 1653-0024

**GUARANTEE OF PAYMENT**

Port of Entry
File No.

Pursuant to the provisions of section 253 of the Immigration and Nationality Act,

I, \_\_\_\_\_  
Name (First) (Initial) (Last)

as \_\_\_\_\_  
(Owner, agent, consignee, commanding officer, or master)

of the vessel or aircraft \_\_\_\_\_

employing the alien crewman \_\_\_\_\_

who upon the arrival at the port of \_\_\_\_\_

on \_\_\_\_\_ was found to be afflicted with, or suspected of being afflicted with

\_\_\_\_\_  
\_\_\_\_\_.

I hereby guarantee to pay any and all expenses incurred or to be incurred for the hospitalization, care, and treatment, and for burial in the event of death, of the said alien crewman.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_  
(month/year)

\_\_\_\_\_  
(Signature of guarantor)

Approved this \_\_\_\_\_ day of \_\_\_\_\_  
(month/year)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Title of Officer)