The following form may be used in connection with obtaining necessary information from the Master and keeping the Commandant advised: PART A(TO beprepared by master when and if repairs, etc., are desired) (1) Nature of Damsge: (2) Cause of Damage: ______ (3) Exact nature of repairs desired: _______ I, ______, hereby certify that the desired services as listed above are necessary to place the radio apparatus in serviceable condition. (Signature) (Title or Rank) (Name of Vessel) PART B (To be prepared by Coast Guard representative).

(1) Name of Vessel: CAPE HENLOPEN Type: STEAM (3) Owner of Vessel: U.S. MARITIME COMMISSION (Give under Remarks* complete information as to ownership, charter, and status of officers and crew.) (4) Arrival within the jurisdiction of the United States:
Hour: 1115 EWT __ Date: 6/5/43 __ Place: CHASN, SOCAR ____ (5) Desired departure from the jurisdiction of the United States: Hour: _____ Date: ____ Place: _____ (6) Last Previous Port: __NORFOLK, VA.______ (8) Port Bound To: ____ UNKNOWN ______ *(9) Remarks:_____NONE_____

DESCRIPTION OF RADIO AND SIGNAL APPARATUS 194343

Type: MAIN AND EMERG8010-CA-HIGH FREQEI8019D Manufactured By: RCA Power:MAIN-200WATTSEMERG50WATTSHIGH FREQ200 WATTS Frequency Range: MAIN AND EMERG355 TO 500-H.F1140 TO 22120 Frequencies to which calibrated: MAIN AND EMERG355-375-400-110- FREQUENCY TO SUMMER AND EMERG355 TO 500-H.F4140-10- FREQUENCY TO SUMER AND EMERG355-375-400-H.F4100-H.F
Date 5 JUNE 1943
I hereby certify that I have, in accordance with orders of the Jem- DCGO mander, 6TH NAVAL District, sealed the radio apparatus of the above named vessel. The serial number (numbers) of the seals used is (are): BUTTON TYPE SEAL USED NO NUMBERS. SEA1/C (Rank or Rating)
Attached to: 6TH NAVAL District
PART C (To be prepared by District Commander)
First Indersement Date 7 June, 1943.
1. Forwarded for the information of the Commandant, U. S. Coast Guard. W. L. MALONEY (Signature)
Lieutenant Commander, U.S.C.G. (Rank) By direction. Bistrict

(Copy to be retained for files of District)