

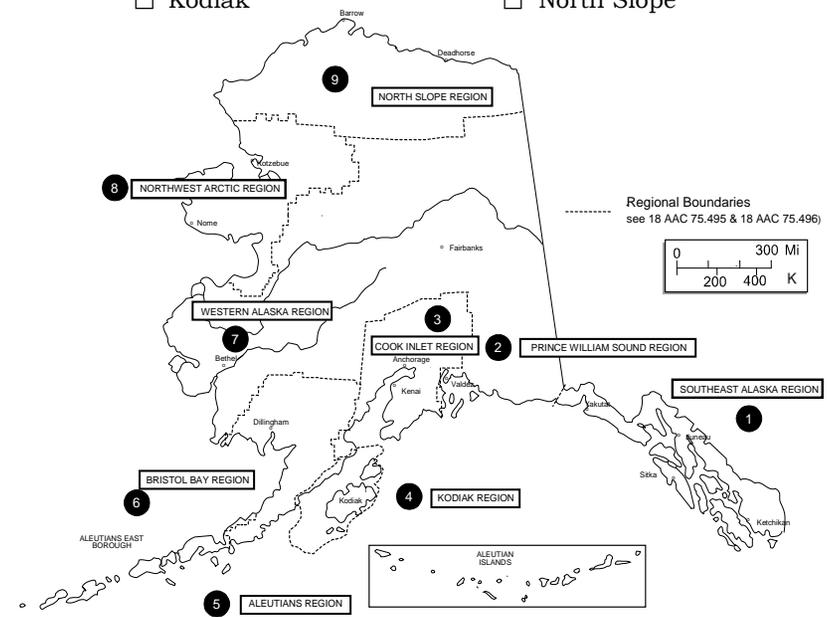


**NONTANK VESSEL STREAMLINED  
 OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN  
 APPROVAL APPLICATION & PLAN DOCUMENT**

Please use Application Instruction Guidance to complete form.

<b>Government Agencies to be notified if a spill occurs</b>				
<b>National Response Center:</b> 1-800-424-8802 (International 1-202-267-2675)				
<b>Alaska Department of Environmental Conservation:</b>				
Juneau		1-907-465-5340		
Anchorage		1-907-269-3063		
Fairbanks		1-907-451-2121		
<b>Statewide during non-working hours:</b> 1-800-478-9300 (International 1-907-269-0667)				
<b>1</b>	<b>Application</b> Date _____ Plan # <b>S</b> _____ Vessel Name _____ Date Vessel Due in Alaska Waters _____ <input type="checkbox"/> Multiple vessels with this application			
<b>2</b>	<b>Application Type</b> <input type="checkbox"/> New Plan <input type="checkbox"/> Reinstatement <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment	<b>Amendment Type</b> <input type="checkbox"/> Add Region <input type="checkbox"/> Add vessel _____ <input type="checkbox"/> Remove Region <input type="checkbox"/> Remove vessel _____ <input type="checkbox"/> Other (specify Item#) _____		
<b>3</b>	<b>Applicant is</b> [as defined by 18 AAC 75.400(a)(5)] <input type="checkbox"/> Operator <input type="checkbox"/> Owner (who retains operational control) <input type="checkbox"/> Charterer (demise only) <input type="checkbox"/> Person other than operator, owner, or charterer with primary operational control			
<b>4</b>	<b>Applicant/Plan Holder Name</b> (English equivalent of legal name) <p align="center"><b>c/o</b></p>			
<b>5</b>	<b>Primary Contact Name</b>	Telephone #	24-Hour Phone #	Fax #    Email
<b>6</b>	<b>Applicant/Plan Holder Mailing Address</b> (street number, post office box, city, state, country, postal code)			
<b>7</b>	<b>Person Responsible for Spill Notification</b>	Title/Company	24-Hour Phone #	Fax #    Email
<b>8</b>	<b>Vessel Owner</b> Name and Mailing Address		<b>9</b> <b>Vessel Operator</b> Name and Mailing Address	
<b>10</b>	<b>Qualified Individual and Alternate(s) for this Plan</b> [per 33 C.F.R. 155.1026, 18 AAC 75.990(155)]			
	Name/Title/Company	24-Hour Phone #	Fax #	Email

<b>11 Cleanup Contractor(s)</b> - <i>Must be Alaska Registered Contractor 18AAC 75.426 (12)</i>							
Company Name		Phone #	24-Hour Phone #	Fax #	Email		
<b>12 Incident Management Team</b> - <i>Must be Alaska Registered Contractor 18AAC 75.426 (13)</i>							
Company Name		Phone #	24-Hour phone #	Fax #	Email		
<b>13 Vessel Fuel Capacity Information</b>		<b>B.</b> Maximum Fuel Volume in Alaska (if less than <b>A</b> )	Response Planning Standard (RPS) Volume 75.441(b)	Basis for Calculating RPS Volume	Persistent Fuel Volume	Non-Persistent Fuel Volume	Lubrication Oil Volume
<b>A.</b> Maximum Fuel Capacity 18 AAC 75.426(9)					33 eFR 155.1020		
bbbl		bbbl	bbbl	<input type="checkbox"/> A <input type="checkbox"/> B	bbbl	bbbl	bbbl
<b>14 Vessel Particulars</b> <i>Fill out separate page for each vessel on application.</i>				<b>15 Region(s) of Operation</b>			
This is vessel # <input type="text"/> of <input type="text"/>		Call Sign		<input type="checkbox"/> Statewide <span style="float:right;"><input type="checkbox"/> Aleutians</span> <input type="checkbox"/> Southeast <span style="float:right;"><input type="checkbox"/> Bristol Bay</span> <input type="checkbox"/> Prince Wm. Sound <span style="float:right;"><input type="checkbox"/> Western AK</span> <input type="checkbox"/> Cook Inlet <span style="float:right;"><input type="checkbox"/> NW Arctic</span> <input type="checkbox"/> Kodiak <span style="float:right;"><input type="checkbox"/> North Slope</span>			
Vessel Name	Gross Reg. Tons						
IMO # ( <input type="checkbox"/> Unassigned)	Units		<input type="checkbox"/> Feet <input type="checkbox"/> Meters				
Official #	Beam						
MMSI #	Draft						
Vessel Type	Length Overall						
Vessel Flag	AKFR Cert# (4 digit suffix)						
<b>16 Vessel Diagrams/Tank Capacity Tables Attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No							
<b>17 Emergency Contact for Detailed Vessel Diagrams</b> 18 AAC 75.426 (8)							
Name and Address							
24-Hour Phone #							



<b>18</b>	<b>Application submitted by:</b> <input type="checkbox"/> Response Planning Facilitator (RPF) <input type="checkbox"/> Applicant/Plan holder												
<b>19</b>	<table border="1"> <tr> <td data-bbox="155 113 755 201"><b>For RPF only</b> RPF type – I am providing services under</td> <td colspan="2" data-bbox="755 113 1546 201">RPF Company Name</td> </tr> <tr> <td data-bbox="155 201 755 289"><b>Type 1:</b> <input type="checkbox"/> 18 AAC 75.428(a)(1) [as an intermediary]</td> <td colspan="2" data-bbox="755 201 1546 289">Primary contact Name and Title</td> </tr> <tr> <td data-bbox="155 289 755 352"><b>Type 2:</b> <input type="checkbox"/> 18 AAC 75.428(a)(2) [as a contract provider]</td> <td data-bbox="755 289 1071 352">Phone #</td> <td data-bbox="1071 289 1546 352">24-Hour Phone #</td> </tr> <tr> <td data-bbox="155 352 755 415"></td> <td data-bbox="755 352 1071 415">Fax #</td> <td data-bbox="1071 352 1546 415">Email</td> </tr> </table>	<b>For RPF only</b> RPF type – I am providing services under	RPF Company Name		<b>Type 1:</b> <input type="checkbox"/> 18 AAC 75.428(a)(1) [as an intermediary]	Primary contact Name and Title		<b>Type 2:</b> <input type="checkbox"/> 18 AAC 75.428(a)(2) [as a contract provider]	Phone #	24-Hour Phone #		Fax #	Email
<b>For RPF only</b> RPF type – I am providing services under	RPF Company Name												
<b>Type 1:</b> <input type="checkbox"/> 18 AAC 75.428(a)(1) [as an intermediary]	Primary contact Name and Title												
<b>Type 2:</b> <input type="checkbox"/> 18 AAC 75.428(a)(2) [as a contract provider]	Phone #	24-Hour Phone #											
	Fax #	Email											

**20. Signature Select the appropriate corresponding check box.**

- As the Applicant/plan holder or Type 1 RPF (given the authority to sign on behalf of the applicant/plan holder), I certify:
- a. the applicant/plan holder has a contract with, or is a member of, each of the Nontank Vessel Cleanup Contractors identified in Item 11 of this application for the region(s) of operation identified in Item 15, and that the contract or membership agreement with the contractor demonstrates that the contractor will respond on behalf of the applicant/plan holder; and
  - b. the Nontank Vessel Cleanup Contractor(s) identified in Item 11 of this application is/are registered with the department for the appropriate vessel fuel classification(s) and appropriate region(s) of operation identified in the application; and
  - c. the applicant/plan holder has a contract with the Nontank Vessel Incident Management Team identified in Item 12 of this application for the region(s) of operation identified in Item 15, and that the contract or membership agreement with the contractor demonstrates that the contractor will respond on behalf of the applicant/plan holder; and
  - d. the Nontank Vessel Incident Management Team identified in Item 12 of this application is registered with the department for the appropriate vessel fuel classification(s) and appropriate region(s) of operation identified in the application; and
  - e. the RPF identified in Item 19 of this application, is registered with the department and obligated under contract to provide response planning facilitation services for the applicant/plan holder in accordance with 18 AAC 75.428(a)(1);

**OR**

- As a Type 2 RPF, I certify
- f. that the RPF identified in Item 19 of this application is obligated under contract to the applicant/plan holder to provide oil spill response services to the applicant/plan holder to meet the applicable requirements of 18 AAC 75.400 – 18 AAC 75.496, and that the RPF is registered with the department to provide these response services in accordance with 18 AAC 75.428(a)(2) for the appropriate vessel fuel classification(s) and appropriate region(s) of operation identified in this application;

**AND**

- (1) each vessel listed in this plan complies with applicable federal and international maritime requirements; and
- (2) if the response planning standard calculation was based on a volume less than the maximum fuel capacity of the vessel, the vessel will not exceed that fuel volume while in Alaska waters.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the applicant, a principal of the applicant, an authorized agent for the applicant, or an official of the applicant; that I have authority to sign this application on behalf of the applicant; and that I have examined this application in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete. I acknowledge that failure to operate in compliance with the applicable provisions of AS 46.04.055 and 18 AAC 75 may result in the revocation of approval for the vessel(s) named in this application to operate in Alaska waters.

Signature: \_\_\_\_\_ Typed/Printed Name: \_\_\_\_\_

Title and Company: \_\_\_\_\_



## STATE OF ALASKA

Department of Environmental Conservation  
Division of Spill Prevention & Response  
410 Willoughby Ave., Suite 303 / P.O. Box 111800  
Juneau, Alaska 99811-1800  
[dec.alaska.gov](http://dec.alaska.gov)



### NONTANK VESSEL STREAMLINED OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN SIMPLIFIED APPROVAL APPLICATION GUIDANCE

Guidance is a companion document to form NTV-SPLAN-APPROVAL APPLICATION.

The application is broken up into 20 items. Only items needing clarification are included.

#### Item Number 1.

**Plan number** – For new plans, the department will issue a plan number. For all others, enter the four-digit plan number issued by the department.

**Vessel name** – If multiple vessels are covered under the plan, check the box indicating multiple vessels and fill out separate Page 2 for each vessel.

**IMO #** – For vessel(s) not assigned an IMO #, check not assigned.

#### Item Number 2.

**Application Type** – The applicant may select more than one application type if applicable.

**Amendment Type** – Select applicable check box(s). If “other” is selected, identify changes to plan by writing in which Item number(s) have changed.

#### Item Number 4.

**Applicant/Plan Holder Name** – Enter the English equivalent of the legal name and the “care of” company name, if applicable.

#### Item Number 11 & 12.

Cleanup Contractor(s)/Incident Management Team – must be registered Alaska nontank contractors.

#### Item Number 13.

Response Planning Standard volume is calculated as 15% of either Item 13 (A) or (B).

#### Item Number 14.

If multiple vessels are covered under a signal plan, fill out a separate page 2 for each vessel.

**Vessel Type:** Select vessel type from the following categories:

**Cargo, Fishing, Passenger, Pleasure, Research, LNG/LPG, Drill Ship, Chemical Tanker, Offshore Supply, Tug/Towing, Other.**

- Cargo includes: Bulk Carrier, Bulk Ore, Cable Layer, Container, Dry Cargo, General Cargo, Reefer, & Roll On/Roll Off.
- Fishing includes: Fishing Factory, Fishing General, Fishing Trawler (All Types), Fishing Seiner, Fishing Longliner.
- Passenger includes: Cruise Ships, Ferries, & Cargo vessel that carry more than 16 passengers as defined by 49 CFR 171.8.
- Pleasure includes: Yachts, Sailboat, Cabin Cruisers, other recreational boats or ships.
- Other: For vessels that do not fit into established categories, fill in text.

#### Item Number 16.

Attach a vessel diagram for each vessel showing locations of each fuel tank and table(s) specifying the size, storage capacity, and type of fuel for each tank. Diagrams must be 8½ by 11 inches or larger and all information must be legible. A plan will not be approved without an adequate diagram.