



STATE OF ALASKA
 Department of Environmental Conservation
 Division of Spill Prevention & Response
 P.O. Box 111800
 Juneau, AK 99811-1800
 dec.alaska.gov



STREAMLINED OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN
Approval Application & Plan Document

Please use Simplified Approval Application Guidance on Page 4 to complete form.

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

11	Cleanup Contractor(s) – Must be Alaska Registered Contractor [18 AAC 75.426(12)]						
	Company Name		Phone #	24-hour Phone #	Fax #	Email	
12	Incident Management Team – Must be Alaska Registered Contractor [18 AAC 75.426(13)]						
	Company Name		Phone #	24-hour Phone #	Fax #	Email	
13	Vessel Fuel Capacity Information	A. Maximum Fuel Capacity [18 AAC 75.426(9)]	B. Maximum Fuel Volume in Alaska (if less than A)	Response Planning Standard (RPS) Volume [18 AAC 75.441(b)]	Persistent Fuel Volume [33 C.F.R. 155.1020]	Non-Persistent Fuel Volume	Lubrication Oil Volume
		bbbl	bbbl	<input type="checkbox"/> A <input type="checkbox"/> B	bbbl	bbbl	bbbl
14	Vessel Particulars <i>Fill out separate page for each vessel on application.</i>				15 Region(s) of Operation <input type="checkbox"/> Statewide <input type="checkbox"/> Southeast <input type="checkbox"/> Prince Wm. Sound <input type="checkbox"/> Cook Inlet <input type="checkbox"/> Kodiak <input type="checkbox"/> Aleutians <input type="checkbox"/> Bristol Bay <input type="checkbox"/> Western AK <input type="checkbox"/> NW Arctic <input type="checkbox"/> North Slope		
	This is vessel # _____ of _____		Call Sign _____				
	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)				
16	Vessel Diagrams/Tank Capacity Tables Attached <input type="checkbox"/> Yes <input type="checkbox"/> No						
17	Emergency Contact for Detailed Vessel Diagrams [18 AAC 75.426(8)]						
	Name and Address						
	24-hour Phone #						

18	Noncrude Oil Tank Vessel or Barge (NC TV/B) Addendum(s) Completed and Attached [18 AAC 75.429] <i>By checking this box I acknowledge that I have attached an addendum for each NC TV/B for which I am applying.</i>		<input type="checkbox"/>	
19	Application Submitted by: <input type="checkbox"/> Response Planning Facilitator (RPF) <input type="checkbox"/> Applicant / Plan Holder			
20	<i>Only complete if RPF checked for Item 19</i>		RPF Company Name	
	RPF type – I am providing services under			
	Type 1:		Primary Contact Name and Title	
	<input type="checkbox"/> 18 AAC 75.428(a)(1)			
	[as an intermediary]		Phone Number	24-Hour Phone #
	Type 2:			
	<input type="checkbox"/> 18 AAC 75.428(a)(2)		Fax #	Email
	[as a contract provider]			

21 Signature: Select the appropriate check box

- As the Applicant/plan holder or Type 1 Response Planning Facilitator (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 Streamlined Plan 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 Streamlined Plan Cleanup Contractor(s) identified in Item 11 of this application is/are registered with the department for the appropriate classification(s) and region(s) of operation identified in the application; and
 - c. the applicant/plan holder has a contract with the Streamlined Plan 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 Streamlined Plan Incident Management Team identified in Item 12 of this application is registered with the department for the appropriate classification(s) and 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 Response Planning Facilitator (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 classification(s) and 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 for a nontank vessel 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 _____



STREAMLINED OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN
Simplified Approval Application Guidance

This guidance is a companion document to the Streamlined Plan Approval Application & Plan Document.

The application is broken up into 21 items. Only items needing clarification are included.

Item 1	<p>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.</p> <p>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.</p> <p>IMO # – For vessel(s) not assigned an IMO #, check not assigned.</p>
Item 2	<p>Application Type – The applicant may select more than one application type if applicable.</p> <p>Amendment Type – Select applicable check box(s). If “other” is selected, identify changes to plan by writing in which Item number(s) have changed.</p>
Item 4	<p>Applicant/Plan Holder Name – Enter the English equivalent of the legal name and the “care of” company name, if applicable.</p>
Item 10	<p>Qualified Individual and Alternate(s) for this Plan – You must list the Qualified Individual and not less than one Alternate [33 C.F.R. 155.1026, 18 AAC 75.990(155)].</p>
Items 11 & 12	<p>Cleanup Contractors and Incident Management Teams must be registered under the Streamlined Plan Contractor Registration Program [18 AAC 75.521 and 18 AAC 75.522].</p>
Item 13	<p>Response Planning Standard volume is calculated as 15% of either Item 13 (A) or (B).</p>
Item 14	<p>If multiple vessels are covered under a single plan, fill out a separate page 2 for each vessel.</p> <p>Select vessel type from the following categories: Cargo, Fishing, Passenger, Pleasure, Research, LNG/LPG, Drill Ship, Chemical Tanker, Offshore Supply, Tug/Towing, Noncrude Oil Tank Vessel or Barge, Other.</p> <ul style="list-style-type: none"> • 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 C.F.R. 171.8. • Pleasure includes: Yachts, Sailboat, Cabin Cruisers, other recreational boats or ships. • Noncrude Oil Tank Vessel or Barge includes: A noncrude oil tank vessel or barge with a storage capacity less than 500 barrels. • Other: For vessels that do not fit into established categories, fill in text.
Item 16	<p>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.</p>
Item 18	<p>This section only applies to NC TV/B. If you are submitting this application for a NC TV/B, you must include a completed Noncrude Oil Tank Vessel or Barge Addendum.</p>
Application Submittal	<p>The department encourages all applicants to submit their application by email: dec.nontankvessel.cplan@alaska.gov. Applications may also be sent to the address in the header of this document.</p>