



STATE OF ALASKA
 Department of Environmental Conservation
 Division of Spill Prevention & Response
 555 Cordova Street
 Anchorage, Alaska 99501



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

Please read instruction sheet before completing this form. This application is submitted in accordance with AS 46.04.055 & 18 AAC 75.

Date of this application: _____ Application type: <input type="checkbox"/> New Plan <input type="checkbox"/> Renewal, plan # S _____ <input type="checkbox"/> Amendment, plan # S _____ : <input type="checkbox"/> Add vessel <input type="checkbox"/> Delete vessel <input type="checkbox"/> Change region of operation <input type="checkbox"/> Change contractor <input type="checkbox"/> Other (specify): _____	Vessel name: _____ Region(s) of Operation (see map, Section B): <input type="checkbox"/> Statewide <input type="checkbox"/> 5 Aleutians <input type="checkbox"/> 1 Southeast <input type="checkbox"/> 6 Bristol Bay <input type="checkbox"/> 2 Prince Wm. Sound <input type="checkbox"/> 7 Western AK <input type="checkbox"/> 3 Cook Inlet <input type="checkbox"/> 8 NW Arctic <input type="checkbox"/> 4 Kodiak <input type="checkbox"/> 9 North Slope
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SECTION A. PLANHOLDER INFORMATION

1. **Applicant/Planholder name** (include English equivalent of legal name if customarily written in a language other than English):

Complete mailing address (street number, post office box, city, state, country, postal code): _____ _____ _____	Telephone number: _____ FAX number: _____ E-mail address: _____
Name of primary contact: _____	24-hour telephone number: _____
Applicant is: [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	

2. **Qualified Individual(s) for this plan:** [as defined by 18 AAC 75.426(4) and 18 AAC 75.990(155)]

Name/Company	Title within Company	24-hour telephone	FAX #	E-mail address

3. **Person(s) responsible for spill notification:**

Title/Company	24-hour telephone	FAX #	E-mail address

Government Agencies to be notified if a spill occurs:

National Response Center: +1-800-424-8802 (International +1-202-267-2675) Telex 45-305
ADEC Phone Numbers: Southeast Response Team +1-907-465-5340
Central Response Team +1-907-269-3063
Northern Response Team +1-907-451-2121
Statewide during non-working hours: +1-800-478-9300 (International +1-907-428-7200)

ADEC Use Only	Plan #: S	Approval Date:	Certificate #: -NTV-S
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SECTION B. VESSEL INFORMATION

1. Vessel Particulars *Fill out a separate copy of this page for each vessel on this application.*

For multiple-vessel application: This is vessel number <input type="text"/> of <input type="text"/>	Date due in Alaska waters (mm/dd/yy)	Vessel flag (nation of registry)	Unique number (IMO/Lloyd's)	Official number	Call Sign	Alaska COFR no. (1-4 digit suffix only)	Vessel type (see codes below)	GRT (Gross Reg. Tons)	Length overall	Beam	Draft	Dimensions units <input type="checkbox"/> Feet <input type="checkbox"/> Meters
Vessel name												
BULK–Bulk Cargo CABL–Cable Layer/Repair CHEM–Chemical CONT–Container FISH–Fishing LNPg–LNG/LPG PASS–Passenger REEF–Reefer MISC–Other _____												

2. Vessel Oil Capacity Information *Enter all volumes in barrels.*

"Total fuel volume" is the total fuel tankage of the vessel. The Response Planning Standard Volume is 15% of *either* the total fuel volume (A) or the demonstrated actual maximum fuel volume the vessel will carry in state waters (B), as certified by the operator (18 AAC 75.441). **1 barrel = 42 U.S. gallons = 0.1590 m³** See 33 CFR 155.1020 for definitions of persistent and non-persistent fuel types.

A. Total Fuel Volume	B. Maximum Fuel Volume in Alaska (if less than total)	Response Planning Standard (RPS) Volume	Basis for calculating RPS Volume	Persistent fuel volume	Non-Persistent fuel volume	Lubrication Oil volume
			<input type="checkbox"/> A <input type="checkbox"/> B			
bbl	bbl	bbl		bbl	bbl	bbl

3. Vessel Principals

Owner Name and Address	Operator Name and Address

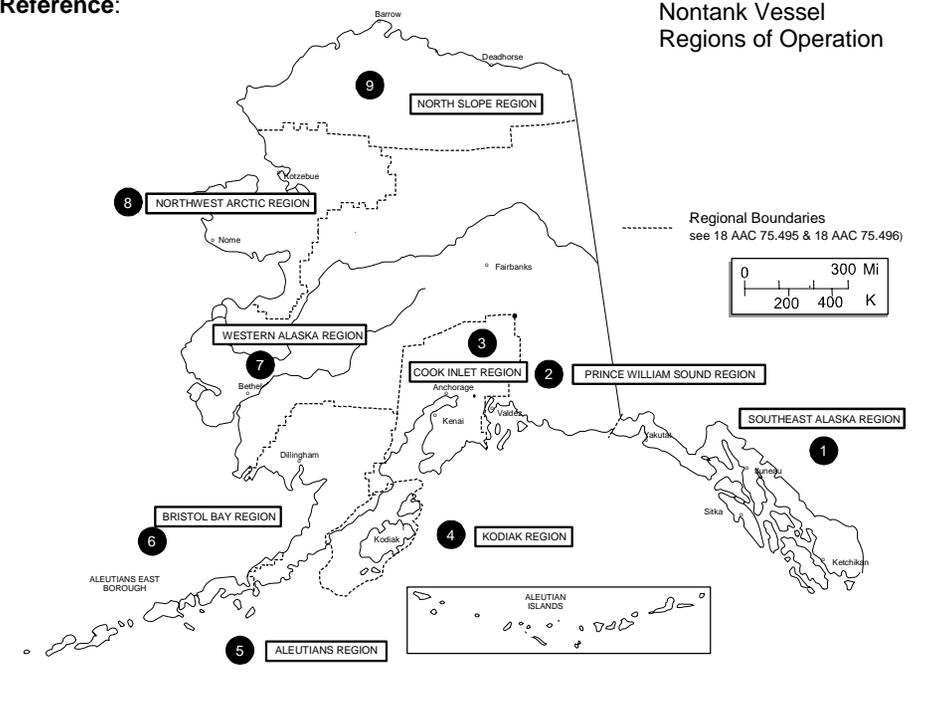
4. Vessel Diagrams

Attach a vessel description/diagram (e.g., general arrangement, capacity plan) for each covered vessel. Locations of each oil storage tank and other features pertinent to an emergency spill response must be clearly identified. The size, storage capacity, and type of oil carried must be specified for each tank. Diagrams must be 8½ x 11 inches or larger, and all required information must be legible. *A plan will not be approved without an adequate diagram.*

Emergency Contact for Detailed Vessel Diagrams

Name and Address	24-hour phone

Reference:



SECTION C. CONTRACTOR INFORMATION

1. Application submitted by: Response Planning Facilitator (RPF) – **go to C(2)** Applicant/Planholder – **skip to C(3)**

2. **For RPF only**
 RPF type – I am providing services under (check one):
 A. 18 AAC 75.428(a)(1) [as an intermediary]
 complete C(2) and C(3)
 B. 18 AAC 75.428(a)(2) [as a contract provider]
 complete C(2), then skip to section D

RPF Company Name:	
Primary contact Name and Title:	
Telephone number:	FAX number:
Email address:	24-hour phone (if B checked):

3. **Nontank Vessel Cleanup Contractor(s)**

Name	Telephone no.	FAX no.	Email address	Region(s) covered

Nontank Vessel Incident Management Team

Name	Telephone no.	FAX no.	Email address	Region(s) covered

SECTION D. CERTIFICATION

By signing below, I certify:

- a. that the applicant has a contract with, or is a member of, each of the Nontank Vessel Cleanup Contractors identified in Section C(3) of this application for the region(s) of operation identified for that contractor, and that the contract or membership agreement with the contractor demonstrates that the contractor will respond on behalf of the applicant.
- b. that the Nontank Vessel Cleanup Contractors identified in Section C(3) of this application are registered with the department for the appropriate vessel fuel volume(s) and appropriate region(s) of operation identified in the application;
- c. that the applicant has a contract with each of the Incident Management Teams identified in Section C(3) of this application for the region(s) of operation identified for that contractor, and that the contract or membership agreement with the contractor demonstrates that the contractor will respond on behalf of the applicant.
- d. that the Incident Management Teams identified in Section C(3) of this application are registered with the department for the appropriate vessel fuel volume(s) and appropriate region(s) of operation identified in the application;
- e. that the Response Planning Facilitator identified in Section C(2) of this application, if box C(2)(A) is checked, is registered with the Department and obligated under contract to provide response planning facilitation services for the Applicant under 18 AAC 75.428(a)(1);
- f. that the Response Planning Facilitator identified in Section C(2) of this application, if box C(2)(B) is checked, is registered with the department, obligated under contract to the applicant to provide oil spill response services to the applicant 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 under 18 AAC 75.428(a)(2) for the region(s) of operation and vessel fuel volume(s) identified in this application;
- g. that each vessel covered by this plan complies with applicable federal and international maritime requirements; and
- h. that 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 and commit the resources necessary to implement the plan 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 _____