



Alaska Department of Environmental Conservation
 Division of Spill Prevention and Response
 Contractor Registration Program
 P.O. Box 111800
 Juneau, Alaska 99811 – 1800
 Phone: 907-465-5250
 Email: dec.spar.pprp.ind.fr@alaska.gov



Oil Spill Primary Response Action Contractor Application for Registration

Submit with payment at least 60 days in advance.

Check One: New Application Renewal Application

I. This application is for the following region or regions of operation (check all that apply: (Please refer to the map at 18 AAC 75.495))

- | | | |
|-----|----------------------|--------------------------|
| 1. | Southeast Alaska | <input type="checkbox"/> |
| 2. | Prince William Sound | <input type="checkbox"/> |
| 3. | Cook Inlet | <input type="checkbox"/> |
| 4. | Kodiak Island | <input type="checkbox"/> |
| 5. | Aleutian Islands | <input type="checkbox"/> |
| 6. | Bristol Bay | <input type="checkbox"/> |
| 7. | Western Alaska | <input type="checkbox"/> |
| 8. | Northwest Arctic | <input type="checkbox"/> |
| 9. | North Slope | <input type="checkbox"/> |
| 10. | Interior Alaska | <input type="checkbox"/> |

II. Fee (check one)

- | | |
|---------------------|---------------------------------|
| Initial application | \$500: <input type="checkbox"/> |
| Renewal | \$100: <input type="checkbox"/> |

Do not send cash. Make checks or money orders payable to: **State of Alaska** (your cancelled check is your receipt). For credit card payments call 907-465-5250.

III. Applicant information

(A) Applicant details

A.1 Applicant name: _____

A.2 Contact person: _____

A.3 Mailing Address: _____

City: _____ State: _____ Postal Code: _____

A.4 Email: _____ A.5 Phone: _____

A.6 Fax: _____

(B) Attach a complete list of the oil discharge prevention and contingency plans in which the applicant has agreed in writing to be listed as a primary response action contractor.

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Note for Parts C through G: if the information has not changed since the previous application, you may incorporate the previous application by reference.

- (C) Attach a call-out list of appropriate response personnel by name & telephone number, or labor subcontractor and labor contract.
- (D) Attach a complete application for and certified copy of the applicant's current letter of classification as an oil spill removal organization issued by the U.S. Coast Guard.

If you are not using the U.S. Coast Guard letter of classification and application as described in part D to meet the requirements, complete parts E through G below.

(E) For the following, check all that apply:

E.1 Type of oil trained & equipped to respond to:

- | | | |
|--------------------------|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Crude | Persistent
Noncrude
(bunker, #4, #6) | Nonpersistent
Noncrude |

E.2 Type of receiving environment trained & equipped to respond:

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> |
| Nearshore
Marine | Fresh
Water | Open
Ocean | Ice | Land |

(F) Attach a complete description and most recent inventory of oil spill response resources, including:

- F.1 Number and location of trained personnel;
- F.2 Description of applicant's minimum training requirements for response personnel and procedures for training additional personnel if needed; and
- F.3 Amount and location of:
 - F.3.i Oil containment equipment
 - F.3.ii Oil recovery equipment & nameplate rating (bbbls/hour)
 - F.3.iii Transfer, storage, disposal equipment
 - F.3.iv Dispersant or burning equipment
 - F.3.v Other significant resources and equipment

(G) Attach a chronological summary of applicant's previous oil spill activities and compliance history.

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IV. Applicant certification:

I certify that all the information in this application for registration as an oil spill primary response action contractor in the State of Alaska is complete, true and correct, that I have attached the correct fee payable to the State of Alaska, that I will operate in compliance with the oil discharge prevention and contingency plan requirements and response planning standards set out in AS 46.04.030 and 18 AAC 75.425 -- 18 AAC 75.495, and that I will operate in compliance with the minimum registration standards in 18 AAC 75.560.

I certify that, as representative of the contractor named below, I have authority to legally bind the contractor in this matter. I am aware that false statements, representations, or certifications may be punishable as civil and/or criminal violations of law.

Signature: _____ Date: _____

Typed or Printed Name: _____

Title: _____

On behalf of: _____
(Contractor Company Name)