



STATE OF ALASKA

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



Statement of Contractual Terms between a Streamlined Oil Discharge Prevention and Contingency Plan Holder and an Incident Management Team

Alaska Statutes 46.04.030 and 46.04.055 provide the basis for the requirements for an approved Oil Discharge Prevention and Contingency Plan (Plan). Alaska Administrative Code, Title 18, Chapter 75, Articles 4 and 5 provide the regulatory framework for a person to gain approval and maintain compliance with the Plan.

This document serves as the "statement" required under 18 AAC 75.532(9) for a person seeking registration as an Incident Management Team under 18 AAC 75.522.

This document is a certification to the Alaska Department of Environmental Conservation of the contract between the Streamlined Oil Discharge Prevention and Contingency Plan holder (plan holder) and, the Incident Management Team.

This document further serves as evidence of the Incident Management Team's obligation to the plan holder to act in the role of the Incident Management Team under 18 AAC 75.426 and fulfill the requirements under 18 AAC 75.522 and 18 AAC 75.562.

This completed form must be signed by both the Incident Management Team and the plan holder.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am a principal of the Incident Management Team, an authorized agent for the Incident Management Team, or an official of the Incident Management Team; that I have authority to sign this Statement of Contractual Terms (this document) on behalf of the Incident Management Team; and that I have examined this document in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.

Signature line and Date line. Below is a table with columns: Name, Title, For.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the plan holder, a principal of the plan holder, an authorized agent for the plan holder, or an official of the plan holder; that I have authority to sign this document on behalf of the plan holder; and that I have examined this document in its entirety and to the best of my knowledge, information, and belief, find it to be true, correct and complete.

Signature line and Date line. Below is a table with columns: Name, Title, For.