



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 a Response Planning Facilitator

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 75.533(6) for a person seeking registration as a Response Planning Facilitator under 18 AAC 75.523.

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 Plan Response Planning Facilitator.

This document further serves as evidence of the Response Planning Facilitator's obligation to the plan holder to act in the role of response planning facilitator under 18 AAC 75.428 and fulfill the requirements under 18 AAC 75.533 and 18 AAC 75.563.

This completed form must be signed by both the Response Planning Facilitator and the plan holder.

I certify, under penalty of unsworn falsification in violation of AS 11.56.210, that I am the response planning facilitator, a principal of the response planning facilitator, an authorized agent for the response planning facilitator, or an official of the response planning facilitator; that I have authority to sign this Statement of Contractual Terms (this document) on behalf of the response planning facilitator; 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 Date

Table with 4 columns: Name, Title, For, and an empty field.

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 Date

Table with 4 columns: Name, Title, For, and an empty field.