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

The DEC approved application will serve as the vessel plan. Please use the Guidance on Page 4.

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:				ı: Juneau			1-907-465-5340		
					Anchorage 1-907-269-3063					
	Stat	ewide duri	ng non-working hou	120	Fairba			-907-451-2121	59 0667)	
1	Application Dat		Plan #S	1-000-470-9300 (111			`	vessel Name		
_	Date Vessel Due in Alaska Waters:							vessei ivallie		
	☐ Noncrude Tank Vessel<500 bbls ☐ Noncrude Oil Ba			Barge < 50	Barge <500 bbls			_		
	☐ Nontank Vessel						L	☐ Multiple vessels with this application		
2	Application Type				Amendment Type					
			☐ Add :	☐ Add Region			☐ Add Vessel			
	☐ Renewal vessel only)		☐ Remove Region				☐ Remove Vessel			
	□ Amendment			□Othe:	☐Other (specify Plan Item# which has changed				d):	
3	Applicant is [18 AAC 75.400(a)(2)]									
	☐ Operator	□Owr	ner (who retains opera	ational cor	ntrol)			□Charterer (d	lemise only)	
	☐ Person other than o	operator, ow	ner, or charterer with	n primary	operatio	onal contr	ol			
4	Applicant / Plan Holder Name (English equivalent of legal name)									
						c/o				
5	Primary Contact Name Telephone #		24-h	24-hour Phone #		Fax #		Email		
6 Applicant / Plan Holder Mailing Address (street number				er, pos	t office b	ox, o	city, state, countr	ry, postal code)		
					- 1				7.1	
7	Person Responsible Title / Company		24.1 DI #		_		ъ п			
	for Spill Notification		Title / Company 24-l		24-hour Phone # I		Fax	X #	Email	
8	Vessel Owner Name and Mailing Address		ling Address	I	9 Vessel		Doer	perator Name and Mailing Address		
			8		-		- F			
10	Qualified Individual and Alternate(s) for this Plan [33 C.F.R. 155.1026, 18 AAC 75.990(155)]							5)]		
	Name/Title/Company			24-h	24-hour Phone #		Fax #		Email	
		<u> </u>								

11 Cleanup Contractor(s) – Must be Alaska Registered Contractor [18 AAC 75.426(12)]											
	Company Name Phone			one # 24-hour Pho		ne# Fax#		Email			
12	In ald and Managemen	ant Tarm Mart 1	- Al-I- D-:	? t t	[10 A A C 71	E 426/12\1					
	Incident Management Team – Must be Alaska Registered Co			Contractor	_	. ,,					
	Company Name	pany Name		Phone #		one#	Fax #		Email		
42		A 36 ·		D	DI ·					Ι	
13	Vessel Fuel	A. Maximum Fuel Capacity	B. Maximum Fuel	Standard	Planning (RPS)	Persistent I	Fuel Volume	Nor	n-Persistent Fuel	Lubrication Oil	
	Capacity Information	[18 A A C	Volume in Alaska	Volume [ume	Volume	
	(Nontank Vessel	75.426(9)]	(if less than A)	75.441(b)]						
	Only)	bbl	bbl	$\Box A$	□В		bbl		bbl	bbl	
14	Vessel Particulars	Fill out separate page fo	or each vessel on applicatio	on.		15 Region(s	s) of Operation	State		☐ Prince Wm. Sound	
	This is vessel #	of	Call Sign			☐ Cook Inlet		Aleuti		☐ Western Alaska	
	Vessel Name	Vessel Name Gross Reg. Tons				□ Northwest Arctic □ North Slope □ Interior Alaska					
			(NTV Only)					m	Deadhorse		
	IMO#		TT '.	□Feet			9	NORTH		onal Boundaries: 18 AAC 75.495 &	
	$(\square unassigned)$		Units	□Meters			/run1			AC 75.496	
	Official #		Beam			.	NORTHWEST ARCTIC REGION	2			
	MMSI #		Draft				Nome 10	INTERIOR AL	ASKA REGION		
	Vessel Type		Length Overall						Fairbanks	0 300 Mi 200 400 K	
	Vessel Flag		AKFR Cert # (4 digit suffix)				WESTERN ALASKA REGION	/	3	200 400 1	
16	,				□No	_	Bethel	COOK II	NLET REGION 2 PRINCE WILLIAM S		
17							Dilingham]	enai 30 0 Cakuta	SOUTHEAST ALASKA REGION	
	Name		-	•			Latin 17			The streets	
	and					6	BRISTOL BAY REGION	diak		Sitka White	
	Address					ALEUTIANS EAST	which of	4 KC	ODIAK REGION	Ketchikan	
						BOROUGH	Thirty.	0.	ALEUTIAN ISLANDS	900	
	24-hour Phone #					. 925	5 ALEUTIANS REGION		ALEUTIAN SLANDS		

18	Noncrude Oil Tank Vessel or Barge (N By checking this box I acknowledge that I have attached						
19			Applicant / Plan Holder				
20	Only complete if RPF checked for Item 19	RPF Company Name					
	RPF type – I am providing services under:	1 7					
	Type 1: □18 AAC 75.428(a)(1)	Primary Contact Name and Title					
	Type 2: □18 AAC 75.428(a)(2)	Timaly contact traine and Title					
		DI NI I	24 Hour Dhone #				
		Phone Number	24-Hour Phone #				
		Fax #	Email				
	As the Applicant/plan holder or Type 1 Resplicant/plan holder), I certify: a. the applicant/plan holder has a contract identified in Item 11 of this application membership agreement with the contract applicant/plan holder; and b. the Streamlined Plan Cleanup Contractor the appropriate classification(s) and region; the applicant/plan holder has a contract of this application for the region(s) of of agreement with the contractor demonstrant demonstrated the Streamlined Plan Incident Management the appropriate classification(s) and region; the RPF identified in Item 19 of this appresponse planning facilitation services for 75.428(a)(1);	t with, or is a member of, each of the S for the region(s) of operation identified to demonstrates that the contractor vor(s) identified in Item 11 of this application on (s) of operation identified in the application identified in Item 15, and that rates that the contractor will respond on the Team identified in Item 12 of this on (s) of operation identified in Item 12 of this on (s) of operation identified in the application, is registered with DEC and of	Streamlined Plan Cleanup Contractors d in Item 15, and that the contract or will respond on behalf of the cation is/are registered with DEC for blication; and fanagement Team identified in Item 12 the contract or membership on behalf of the applicant/plan holder application is registered with DEC for blication; and obligated under contract to provide				
	As a Type 2 Response Planning Facilitator (R) f. that the RPF identified in Item 19 of this provide oil spill response services to the 75.400 – 18 AAC 75.496, and that the R accordance with 18 AAC 75.428(a)(2) for this application;	is application is obligated under contral applicant/plan holder to meet the app APF is registered with DEC to provide or the appropriate classification(s) and AND	blicable requirements of 18 AAC these response services in region(s) of operation identified in				
	each vessel listed in this plan complies with if the response planning standard calculation capacity of the vessel, the vessel will not ex	on for a nontank vessel was based on a	volume less than the maximum fuel				
appoint on linfo	rtify, under penalty of unsworn falsification is licant, an authorized agent for the applicant, behalf of the applicant; and that I have exami formation, and belief, find it to be true, correct applicable provisions of AS 46.04.055 and 18 his application to operate in Alaska waters.	or an official of the applicant; that I had ined this application in its entirety and t and complete. I acknowledge that fai	to the best of my knowledge, lure to operate in compliance with				

Signature

Title and Company

Typed / Printed Name

STATE OF ALASKA



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STREAMLINED OIL DISCHARGE PREVENTION AND CONTINGENCY PLAN Simplified Approval Application Guidance

	omplified approval application delicance
	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	Plan number – For new plans, DEC will issue a plan number. For all others, enter the plan number issued by
1	DEC.
_	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.
	IMO # – For vessel(s) not assigned an IMO #, check not assigned.
	Application Type. The applicant may select many then are application type if applicable
Item 2	Application Type – The applicant may select more than one application type if applicable. Amendment Type – Select applicable check box(s). If "other" is selected, identify changes to plan by writing in which Item number(s) have changed.
Item 4	Applicant/Plan Holder Name – Enter the English equivalent of the legal name and the "care of" company name, if applicable.
Item	Qualified Individual and Alternate(s) for this Plan - You must list the Qualified Individual and not less than
10	one Alternate [33 C.F.R. 155.1026, 18 AAC 75.990(155)].
Items	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]. 11 & 12 This section for Nontank Vessels Only

Response Planning Standard volume for a nontank vessel is calculated as 15% of either Item 13 (A) or (B).

Item 14

Item

13

If multiple vessels are covered under a single plan, fill out a separate page 2 for each vessel.

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, Noncrude Oil Barge,

- 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
- Passenger includes: Cruise Ships, Ferries, & Cargo vessel that carry more than 16 passengers as defined by
- Pleasure includes: Yachts, Sailboat, Cabin Cruisers, other recreational boats or ships.
- Noncrude Oil Tank Vessel or Barge: 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.

Attach a vessel diagram for each vessel showing locations of each fuel tank and table(s) specifying the size, Item storage capacity, and type of fuel for each tank. Diagrams must be 8½ by 11 inches or larger and all information 16 must be legible. A plan will not be approved without an adequate diagram.

This section only applies to NC TV/B. If you are submitting this application for a NC TV/B, you must include a Item completed Noncrude Oil Tank Vessel or Barge Addendum for each vessel. 18

Application Submittal Nontank Vessel applications are emailed to: dec.nontankvessel.cplan@alaska.gov. Noncrude Oil Tank Vessel and Barge applications are emailed to the contact for their region of operation. See contact list: http://dec.alaska.gov/spar/ppr/about/contacts/

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